

REPORT
ON

VISUAL IMPAIRMENT SERVICES TEAMS

APRIL 1, 1971 - JUNE 30, 1971

. . . An Analysis of VA Outpatient Services Given to and Characteristics of Severely Visually Impaired and Blinded Veterans

HVI794
R 299

VETERANS ADMINISTRATION
WASHINGTON D.C. 20420

DECEMBER 31, 1971



Veterans Administration
Washington, DC 20420

ERRATA to IB 11-23
MARCH 3, 1972

IB 11-23, "Report on Visual Impairment Services Teams", dated December 31, 1971, is changed as follows:

Page 9, CHART I: Reverse explanatory legends to show that 22.6% Were not seen at a Clinic of Jurisdiction for reasons other than sickness or disability and 9.6% Were not seen at a Clinic of Jurisdiction due to sickness or disability. The text on Page 8 is correct.

Pages 25 through 30, Table 2, columnar headings for columns 3, 4, 5: Change word "PERCENT" to read "NUMBER". Columnar heading for column 2 is correct.

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Report on Visual Impairment Services Teams
April 1, 1971 - June 30, 1971

. . . An Analysis of VA Outpatient Services
Given to and Characteristics of Severely
Visually Impaired and Blinded Veterans

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FOREWORD

This statistical report on Visual Impairment Services Team's activities in the Veterans Administration represents the first significant effort to quantify the experience of these teams since their inception in February, 1967.

Data, heretofore not available, are presented in this report which reflect the wide and continued efforts of the Veterans Administration to serve the severely visually impaired and blinded veteran.

In issuing this report we reach out to all concerned with the provision of blindness services, both within and outside the Veterans Administration, in the hope that the blind may be better served.

Chief Medical Director

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PART ONE

ANALYSIS

I. SCOPE OF THE VISUAL IMPAIRMENT SERVICES TEAMS PROGRAM.

Visual Impairment Services Teams (M-2, Part I, Chapter 18, Section II) were established by the Veterans Administration on February 8, 1967 (see Appendix A). As an outpatient function of the Blind Rehabilitation Program these teams provide periodic reviews of the medical conditions and needs of blinded veterans. This is accomplished through an annual review of the health profile, living circumstances, social adjustment and personal needs of eligible veterans. At present there are seventy-one teams with jurisdictional responsibility in the United States, Hawaii, Puerto Rico and the Philippine Islands. Each team consists of a staff physician as Chairman, a social worker who acts as Secretary-Coordinator and any other staff member, who in the judgment of the Chairman, would be of assistance to the team as a regular or occasional member. It is also possible for the Chairman to secure services of specialists from agencies other than the Veterans Administration on special occasions.

Eligibility for the Visual Impairment Services Team Program is predicated on blindness and a service-connected condition for which VA disability compensation may be paid. Blindness exists where there is a visual acuity of 20/200 or less in the better eye with ordinary corrective glasses, or better than 20/200 if there is a visual field defect in which the widest diameter of visual field subtends an angular distance of no more than 20 degrees in the better eye. This definition includes veterans who have severely impaired vision as well as those with no vision at all. It should be noted that the service-connected condition need not be the blindness, but rather any service-connected condition for which VA compensation may be paid.

The Chairman of the team invites these eligible veterans to report to their clinic of jurisdiction. The Chairman will then schedule a general physical examination and any special examinations which are indicated. He also arranges for a review of prosthetics and sensory aids by the appropriate personnel and for the issuance of such items as needed. A Department of Veterans Benefits representative is notified of the eligible veteran's presence at the clinic in order that an interview may be scheduled to evaluate the status of the veteran's VA benefits.

The Secretary-Coordinator will usually review available records to determine any special problems of the veteran and interview him upon arrival to evaluate his living circumstances and social adjustment. The Secretary-Coordinator, who is a member of VA Social Work Service at that station, also provides for the necessary social work services for the veteran while at the clinic and for the appropriate follow-up service in the field.

II. STUDY METHODOLOGY.

The Chief, Blind Rehabilitation Program expressed a need for statistical data concerning the workload responsibilities of each of the seventy-one Visual Impairment Services Teams. The Biometrics Division, Reports and Statistics Service, was called upon to secure this data.

The data needed was not available in any of the ongoing automated information systems of the Veterans Administration. The information requested had to be secured from the individual clinics of jurisdiction. To accomplish this, VA Form 10-20539 (NR) was devised (see Appendix D). The design of this form took into account not only the statistical needs of the Chief, Blind Rehabilitation Program, but also the time and efforts that would be needed at the field stations in gathering the requested information. VA Form 10-1371 issued through Circular 10-70-262, dated December 4, 1970 became of prime importance (see Appendices E and F). This form was a summary profile of the health, living circumstances and adjustment to blindness of each eligible veteran. It contained the information requested by the Chief, Blind Rehabilitation Program and was easily accessible to the Secretary-Coordinator of the team who maintained the form on each eligible veteran.

To assure that our request to the stations was clear, and to assure that the data could be gathered and presented in our reporting format with as little effort as possible, a pre-test was conducted. On the recommendation of the Chief, Blind Rehabilitation Program, the VA Outpatient Clinic, Philadelphia, Pa., VA Outpatient Clinic, Los Angeles, California, and VA Hospital, Albuquerque, New Mexico, were selected as test sites. Formal visits were made to each of the above VIS Teams to discuss all phases of the study. Based upon these visits changes in the report format were made. The content of the report remained the same. It was determined that the Secretary-Coordinator at each clinic would have the necessary information at hand, and would be able to supply the data in the manner requested.

The choice of the April 1, 1971 to June 30, 1971 report period was made intentionally. The first and last quarters of the calendar year often consist of less than ideal weather conditions in many parts of the country and would tend to show a disproportionately low number of eligible veterans scheduled for VIS Team services during such periods. The third quarter of the calendar year takes in the summer months with its vacationing by both VIS Team staff and the eligible veterans themselves. It was felt that this quarter might also show a low rate of scheduling. Obviously these reasons are general and may not be true for any or all clinics of jurisdiction. It was decided, therefore, that the most suitable report period would be April 1, 1971 - June 30, 1971 inclusive.

On April 20, 1971, Circular 10-71-79 (see Appendix C) was issued to all clinics of jurisdiction outlining the reasons for, and requesting cooperation in, the completion of VA Form 10-20539 (NR), Report on Visual Impairment Services Teams (see Appendix D). All clinics of jurisdiction were instructed to forward the report to the Biometrics Division no later than COB July 19, 1971.

The amount of data collected and the format used allowed the report to be tabulated manually. All tables were prepared by the staff of the Biometrics Division, Reports and Statistics Service.

III. REPORT FORMAT.

VA Form 10-20539 (NR) asks for five categories of information about the eligible veteran population scheduled for VIS Team services during the reporting period (see Appendix C). It seeks an age distribution, the visual acuity, an activity status, the residence status and the number of field visits to each of the three segments of the study population.

Age was important in anticipating vocational training and other services that might be needed by veterans eligible for VIS Team services.

Visual acuity measurement was important because there are special problems found of the severely visually impaired as opposed to those with no vision at all.

The activity and residence questions provide a broad index of social and domestic adjustment.

The number of field visits made to eligible veterans was an indication of the need for follow-up in the field, and the ability of the teams to provide the necessary follow-up.

The foregoing categories are discussed in terms of three groups of the scheduled eligible veteran population for the reporting period. The first segment is comprised of those eligible veterans seen at the clinic and provided with, at a minimum, an interview with a Social Worker, a physical examination, a prosthetic and sensory aid review and a veteran's benefits review. The second segment consists of those veterans not seen at a clinic when scheduled for VIS Team review due to some illness or disability. The final group consists of those eligible veterans scheduled but not seen at a clinic for some reason other than sickness or disability. These reasons included lack of interest in the program, time problems, transportation problems and a few other reasons.

It is important to know the answer to the questions we have asked about those veterans who utilize the VIS Team program. It is also important to know the same information about those veterans who did not come to the clinic when scheduled. It was also felt, however, that those veterans unable to attend due to illness or disability had situations unlike those of veterans who did not come to the clinic for the other reasons listed. For this reason, the scheduled eligible veteran population was segmented for the purposes of this report.

IV. VETERANS ELIGIBLE FOR VISUAL IMPAIRMENT SERVICES TEAM PROGRAM.

Periodically, the seventy-one Visual Impairment Services Teams (see Appendix B) receive a computer listing from the Compensation and Pension file of the Veterans Administration. This listing supplies each team with the names of those veterans whose compensation or pension status indicates possible eligibility for the Visual Impairment Services Team program. Ideally, this listing would be completely accurate. Unfortunately this was not the case. Therefore, the Central Office Blind Rehabilitation File listing from the Compensation and Pension file was meant only as a guide to the teams in determining individual eligibility. There were instances where the listing supplied includes ineligible veterans. There were also instances where eligible veterans were overlooked on this listing. There was, however, no prerequisite that an eligible veteran's name appear on this listing in order to be scheduled for VIS Team services. The listing was only a guide for the team and was to be used accordingly.

The Chief, Blind Rehabilitation Program, was aware of the imperfections of the Blind Rehabilitation File. This led to the formulation of Question #1 which requested the number of veterans which each team had found in their jurisdiction to be eligible for Visual Impairment Services Team services. This number, as of June 30, 1971, was reported to be 5,496 (see Table 1). This, however, did not include the total number eligible within the jurisdiction of VAH, East Orange, New Jersey, nor those within VAC, San Juan, Puerto Rico's jurisdiction. Referring to the Central Office listing, it was determined that VAH, East Orange, New Jersey and VAC, San Juan, Puerto Rico had VIS Team responsibility for 147 and 83 eligible veterans, respectively. These two figures may not be accurate, but they do serve as good estimates of the magnitude of the responsibility of the two clinics of jurisdiction. These estimates increase the total number of eligibles to over 5,700. While 5,700 would seem to be the more accurate picture of the number of veterans eligible for VIS Team services, this report will concern itself only with those 5,496 eligibles definitely known to VIS Teams throughout the VA.

The number of eligible veterans is not uniformly distributed among the seventy-one clinics of jurisdiction (see Table below). Team responsibility ranges anywhere from six eligible veterans within the jurisdiction of VAC, Cheyenne, Wyoming and seven eligible veterans in VAC, White River Junction, Vermont's jurisdiction to 223 and 260 eligibles within the area of responsibility of VAC, Bay Pines, Florida and VAH, San Francisco, California, respectively. There are 22 clinics whose total responsibility for this program includes less than 50 eligible veterans each. There are another 27 stations who have responsibility for more than 49 but less than 100 eligible veterans. The number of clinics with responsibility for more than 99 but less than 150 eligible veterans is 16. Finally, there are 6 other Teams who have a workload responsibility between 150 and 260 eligible veterans, 3 of which have more than 200 veterans eligible for VIS Team services.

DISTRIBUTION OF VETERANS ELIGIBLE FOR VIS TEAM PROGRAM*

Eligible Veterans in Jurisdiction	Number of Clinics	Percent	Number of Eligible Veterans	Percent
Total	71	100.0	5,496	100.0
50	22	31.0	589	10.7
50 - 99	27	38.0	1,887 1/	34.4 1/
100 - 149	16	22.5	1,821 1/	33.1 1/
150 - 260	6	8.5	1,199	21.8

* See footnotes at end of Table 1.

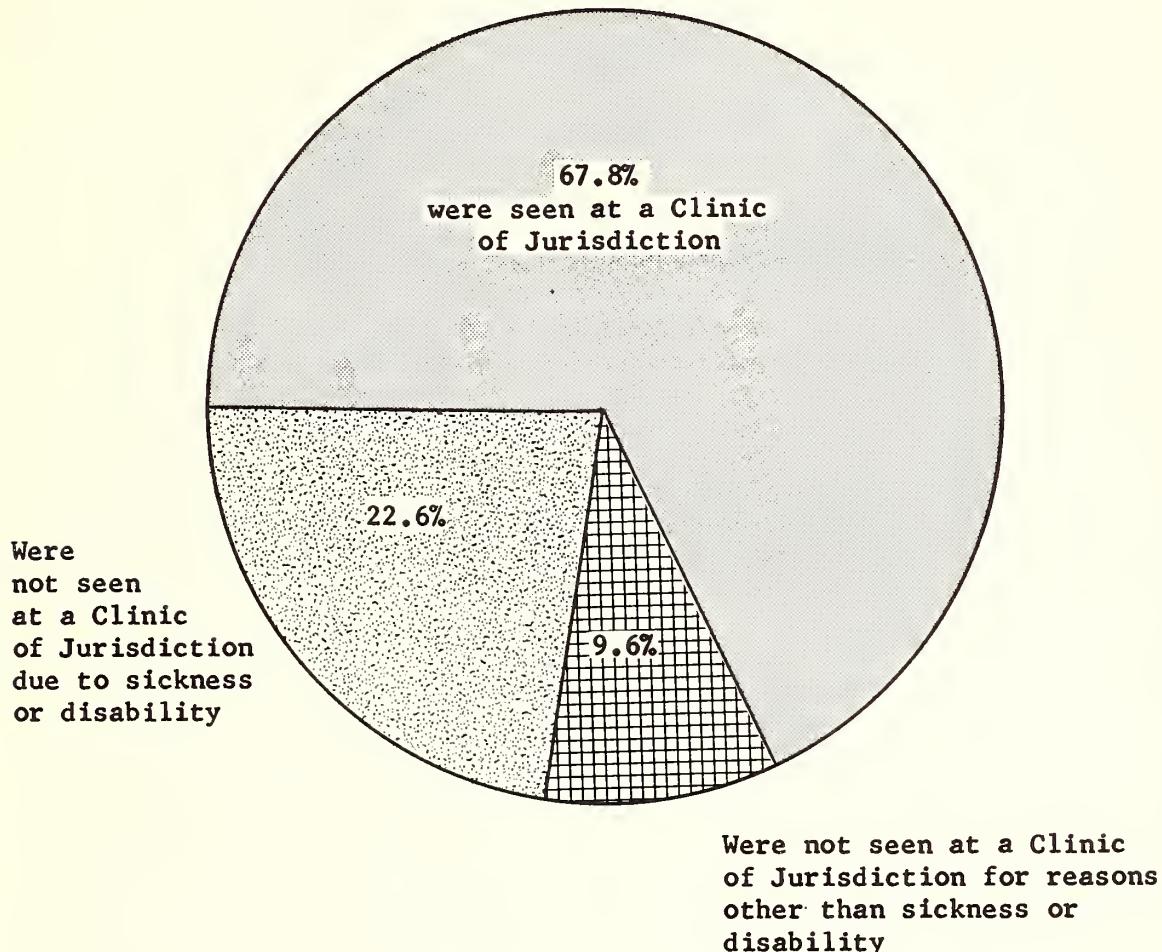
V. Eligible Veterans Scheduled for VIS Team Services April 1, 1971 - June 30, 1971.

Under the provisions of the Visual Impairment Services Team program, the 5,496 veterans eligible will be scheduled for VIS Team services during the course of the year (see Appendix A). During the period April 1, 1971 - June 30, 1971, 1,232 eligible veterans were scheduled for VIS Team services (see table 2). This number is not quite one-quarter of the total eligible, but there was never, nor is there now, any reason to presume that exactly 25 percent would be scheduled each quarter. Were the VIS Team program set up on a quarterly basis, this might be so. The program, however, is designed within an annual framework and VIS Teams are urged to handle their unique situations in the most efficient and effective manner within that annual design. Dependent upon internal and external factors, such as specialist scheduling and weather conditions, it is likely that the workload will vary from quarter to quarter for each VIS Team.

The eligible veterans scheduled this reporting period comprised three categories (see table 2). They included those actually given VIS Team services at a clinic of jurisdiction, those unable to appear at a clinic due to sickness or disability and those eligible veterans who did not come to a clinic for VIS Team services for reasons other than sickness or disability. There were 835 (67.8%) of the 1,232 eligible veterans scheduled this quarter who appeared at their clinic of jurisdiction and received VIS Team services. There were another 118 (9.6%) of those scheduled this quarter who were unable to appear at a clinic due to sickness or disability. The remaining 279 (22.6%) of those scheduled during the reporting period were unable to receive VIS Team services at a clinic for various other reasons. Of these 279 veterans not seen at a clinic, 54 (19.4%) failed to respond to the team's invitation, 56 (20.1%) expressed a lack of interest in the VIS Team program, 19 (6.8%) had transportation difficulties, 28 (10.0%) lacked time due to their employment and the other 122 (43.7%) were unable to appear for services due to other reasons (see table 4). It might be well to note that while there were 56 eligible veterans (20.1 percent of those who did not appear at a clinic for reasons other than sickness or disability) who expressed a lack of interest in the VIS Team program, this number comprises only 4.5 percent of the total 1,232 eligible veterans scheduled this reporting period.

CHART I 1/

Eligible Veterans Scheduled for VIS Team Services
(1,232)



*Over 2/3 of those eligible veterans scheduled for VIS Team services during this reporting period received VIS Team services at a clinic of jurisdiction.

1/ Based upon Table 3.

VI. Age of Veterans Eligible for VIS Team Services.

The type of service rendered to any specific population is often directly related to the age distribution of that population. For this reason the present report sought an age distribution for the population of eligible veterans scheduled for VIS Team services this reporting period (see table 3A). It was found that 61 (5.0%) of all the eligible veterans scheduled were under age 25. Another 64 (5.2%) were between the ages of 25 and 34 years old. There were another 172 (14.0%) eligible veterans in the 35-44 age group. The largest concentration of VIS Team eligibles was between the ages of 45 and 54. This group was comprised of 439 eligible veterans or 35.6 percent of all veterans scheduled. The second largest group was those veterans ages 55 through 64 which comprised a total of 224 (18.2%) eligibles. The 65 years and older group had a total of 249 (20.2%) veterans with 14 (1.1%) of these 85 years of age or older. The ages of only 23 (1.8%) of all eligible veterans scheduled for VIS Team services this quarter were not determined. From this data it can be seen that over one-half (59.8%) of all veterans scheduled were under age 55. This information should permit more effective planning for future types of services to be made available to eligible veterans of the VIS Team program.

The age distribution of those veterans seen at a Clinic and given VIS Team services this quarter is for all practical purposes identical to the population age distribution of eligible veterans scheduled for VIS Team services. Of the 835 eligible veterans seen at a Clinic, 45 (5.4%) were under age 25 with another 47 (5.6%) between the ages of 25 and 34. There were 119 (14.3%) between 35 and 44 years of age. The 45 to 54 year old group, as was the case with the scheduled population, accounted for the largest concentration of eligibles seen at a Clinic this reporting period. There were 324 of the total 835 seen or 38.8 percent in this group. In the 55 to 64 year old category, there were 155 (18.6%) eligible veterans. The percentage of veterans over 65 years of age who appeared at a Clinic of jurisdiction was slightly smaller (17.3%) than the percentage of veterans over 65 years of age scheduled (20.2%) during this quarter. As would be expected the ages of all 835 eligible veterans seen at a Clinic of jurisdiction were recorded.

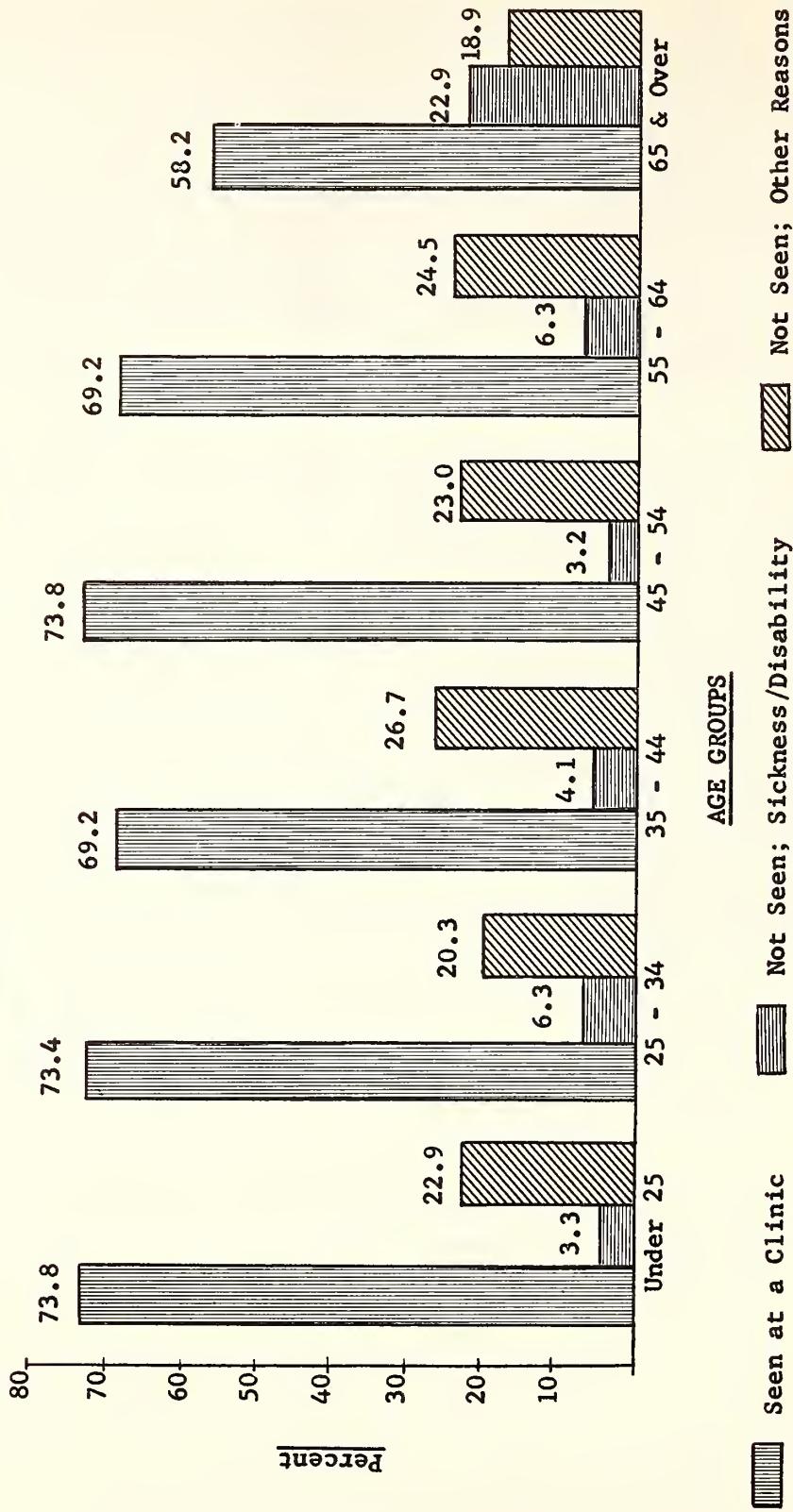
The very nature of the second segment of the eligible veteran population, namely those sick and disabled, results in an age distribution somewhat different from the distribution of the scheduled population which was able to appear at a Clinic for VIS Team services.

There were 118 eligible veterans scheduled for VIS Team services between April 1, 1971 and June 30, 1971 who were too ill or disabled to appear at their Clinic of jurisdiction. Of this 118 there were 20 (17.0%) veterans whose age was not known by the VIS Team. The age distribution of the 98 veterans whose age was known is what might be expected. A major share (28.0%) were in the 75-84 years old range. This was complemented by another 13.5 percent between the ages of 65 and 74. Also in this sick or disabled population are 8 veterans (6.7%) over 85 years old. This means that almost one-half of this segment of the total scheduled population is over 65 years of age. The lower half of this population is comprised of 2 veterans (1.7%) under 25 years of age, 4 (3.4%) between the ages of 25 and 34, 7 (5.9%) in the 35-44 year old group and 14 (11.9%) each in the 45 to 54 and 55 to 64 years old categories.

The third segment of the scheduled veteran population (namely those who did not appear for reasons other than sickness or disability) had an age distribution similar to the age distribution of those eligible veterans who did appear at a clinic for VIS Team services. The 279 eligible veterans scheduled, but not appearing for VIS Team services for some reason other than illness or disability had its greatest concentration in the 45 to 54 years old category with 101 veterans (36.2%). There were 14 (5.0%) and 13 (4.7%) eligible veterans in the under 25 years old and 25 to 34 years old categories, respectively. Another 46 (16.5%) veterans comprised the 35-44 years old group. There were no eligible veterans in this segment of the population over 85 years of age. There were, however, 24 (8.6%) veterans in the 75-84 year group and 23 (8.2%) veterans in the 65-74 year old category. In addition to the 55 (19.7%) veterans between the ages of 55 and 64 years of age, there were 3 (0.1%) veterans whose age was not able to be determined.

CHART II 1/

Percent of Eligible Veterans in Each Age Group
Who Were Seen at a Clinic for VIS Team Services;
Who Were Not Seen Due to Sickness or Disability;
Or Who Were Not Seen for Other Reasons



1/ Based upon calculations from Table 3A.

VII. Visual Acuity of Eligible Veterans Scheduled for VIS Team Services April 1, 1971 - June 30, 1971.

The definition of blindness includes not only those veterans who have no sight but also those veterans who are severely visually impaired (see Appendix A). The different circumstances and problems of these two groups have long been recognized. To better meet the different situations of these two groups, it is important to note the visual acuity range involved and its distribution in the population to be serviced. The results are given in table 3B.

Of the total 1,232 eligible veterans scheduled for VIS Team services during the reporting period, 341 (27.7%) were found to have no sight. The largest concentration was in the visual acuity category of light perception up to 5/200 in the better eye with best possible correction. There were 455 (36.9%) veterans scheduled in this category. The visual acuity classification of 6/200 to 20/200 in the better eye, with best correction accounted for another 260 veterans or 21.1% of the 1,232 scheduled. In addition to the 85 (6.9%) veterans scheduled who had a visual acuity of better than 20/200 in the better eye with a field restriction, there were 91 (7.4%) veterans whose visual acuity was undetermined.

The visual acuity of eligible veterans seen at a Clinic of jurisdiction, those not seen due to illness or disability and those not seen for other reasons was quite similar. Eligible veterans with no sight accounted for 28.6 percent of veterans receiving VIS Team service, 23.7 percent of the veterans too ill or disabled and 26.5 percent of those who did not appear for reasons other than illness or disability. In terms of numbers of veterans, this group of veterans with no sight comprised 341 eligible veterans, 239 of whom received VIS Team services, 28 who were too sick or disabled to appear at a Clinic and 74 who did not receive services for other reasons.

The category of light perception up to 5/200 in the better eye with best correction includes 455 eligible veterans scheduled during this quarter, 319 of whom were given VIS Team services at a Clinic. This was 38.2 percent of the 835 veterans given services. Forty-five veterans who were too ill or disabled to appear for VIS Team services also were included in this visual acuity classification. This was 38.1 percent of all veterans unable to appear at a Clinic due to illness or disability. The remaining 91 veterans whose visual acuity was light perception up to 5/200 in the better eye with best correction were those veterans not given VIS Team services for reasons other than illness or disability. These 91 veterans constitute 32.6 percent of all veterans scheduled this quarter but unable to appear for other than health-related reasons.

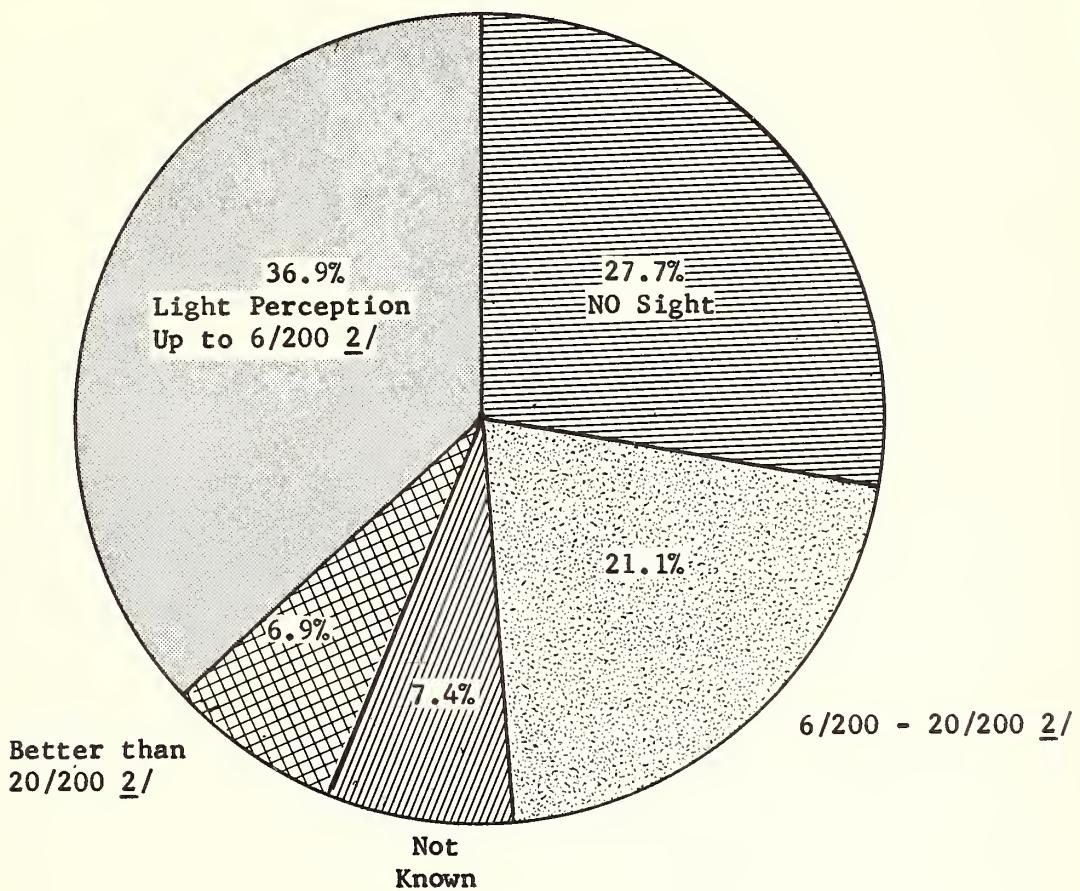
The segment of the scheduled population which did not appear for services due to illness or disability was the only segment in which less than a 20 percent concentration of veterans existed with visual acuity in the 6/200-20/200 in the better eye with best correction category. There were 14 (11.9%) veterans in this visual acuity classification who were too sick or disabled to appear at a Clinic. Fifty-seven (20.4%) veterans of the total 279 who did not appear for other reasons also fit this category. Of the 835 veterans who did receive VIS Team services, 319 (38.2%) showed a visual acuity of between 6/200 and 20/200 in the better eye with best correction. Therefore, there were 260 or 21.1 percent of the total number of veterans scheduled this quarter with the above visual acuity.

Visual acuity of better than 20/200 in the better eye with best correction but with a field restriction accounted for 85 scheduled veterans or 6.9 percent of those scheduled. There were 72 (8.6%) of those given VIS Team service this quarter in this visual acuity category. Of the 118 veterans too ill or disabled to come to a Clinic, only 1 (0.9%) veteran had visual acuity of this degree. The remaining 12 veterans in this category did not appear at a Clinic for various other reasons and comprised 4.3 percent of all scheduled veterans not appearing for those reasons.

It was not possible to determine the visual acuity of 91 veterans scheduled this quarter for VIS Team services. The visual acuity of 45 (16.1%) of those veterans not seen for reasons other than illness or disability was not known. Another 30 veterans or 25.4 percent of those not appearing at a Clinic due to sickness or disability did not have their visual acuity reported. There were also 16 veterans or 2.0 percent of the 835 seen at their Clinic of jurisdiction who did not have their visual acuity submitted in this report.

CHART III 1/

Visual Acuity of Eligible Veterans
Scheduled for VIS Team Services
(1,232)



*Only about one-quarter (27.7%) of all eligible veterans scheduled for VIS Team services had NO SIGHT.

1/ Based upon Table 3B.

2/ ...in the better eye with best possible correction.

VIII. Productive Activity of Veterans Scheduled for VIS Team Services
April 1, 1971 - June 30, 1971.

This study defined productive activity as being engaged in: "any salaried, avocational or volunteer-type activity undertaken for a minimum of 25 hours per week; or any half-time student activity of 9 hours per week; or any vocational training of at least 12 hours per week". The basic idea did not concern activity productive in the sense of the national economy, but rather activity that was productive to the individual himself. Productive activity was meant to be a measure of adjustment for the veteran and not a measure of income or earning power in terms of dollars (see table 3C.)

The 1,232 eligible veterans scheduled for VIS Team services this reporting period had 421 (34.2%) veterans classified as being productively active. 750 eligible veterans, or 60.9 percent of those scheduled, were not considered to be productively active. The remaining 61 (4.9%) veterans were not classified as to productive activity.

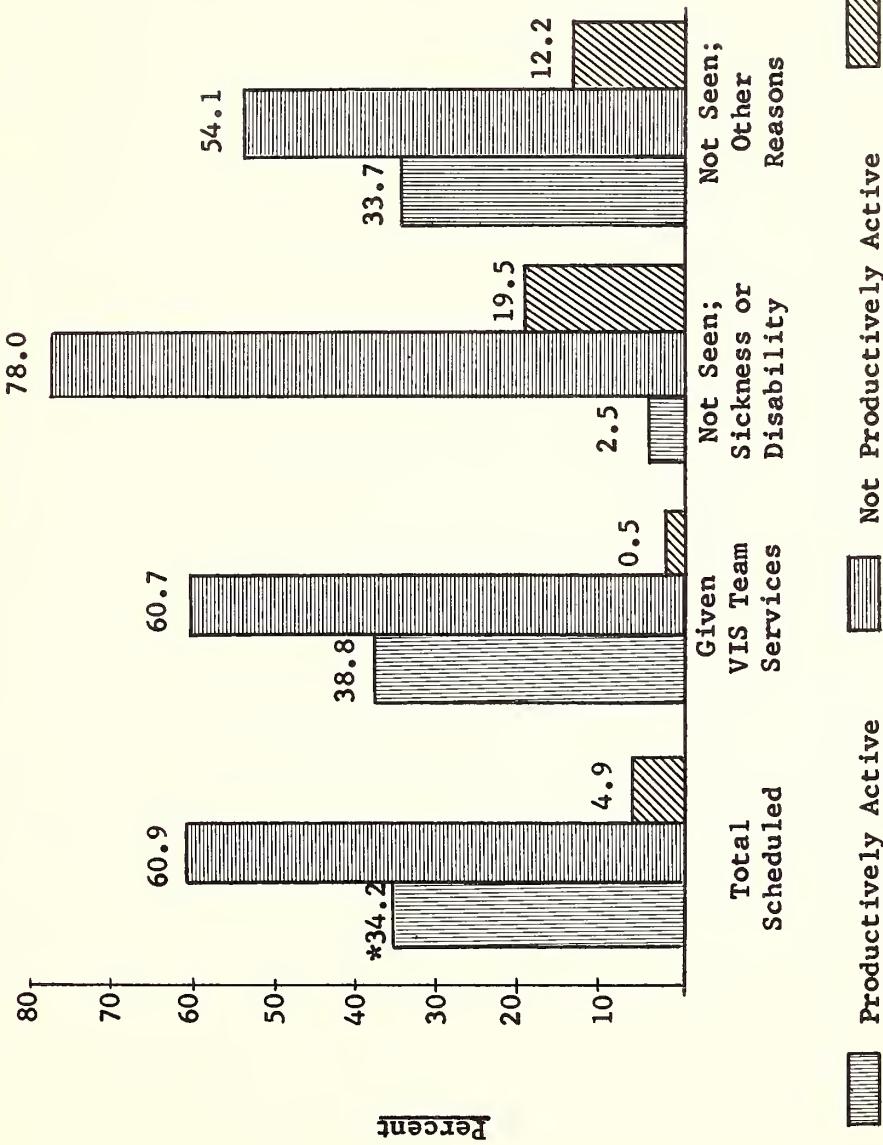
Of the 835 veterans who were seen at a Clinic this quarter, 324 (38.8%) were considered to be productively active. An additional 507 (60.7%) veterans were felt by the VIS Team of jurisdiction not to be productively active. There were also 4 (0.5%) other veterans given VIS Teams services at a Clinic who were not classified as being or not being productively active.

As would be expected, only 3 (2.5%) of those veterans too sick or disabled to come to a Clinic for VIS Team services were considered to be productively active. The number of veterans in this sick or disabled segment of the scheduled population who were not productively active was 92 (78.0%). It was not possible to determine the productive activity status of the remaining 23 (19.5%) veterans.

In the group of scheduled veterans who were not seen at a Clinic of jurisdiction for reasons other than sickness or disability 94 (33.7%) were said to be productively active. Of the 279 veterans in this segment of the scheduled population, 151 other veterans or 54.1 percent did not meet the definition of productively active. There was insufficient information at the Teams' disposal to categorize the remaining 34 (12.2%) veterans.

CHART IV 1/

Productive Activity 2/ of Those Eligible Veterans
Scheduled for VIS Team Services



1/ Based upon Table 3C.
2/ Definition: see Appendix D.

IX. Living Arrangement of Veterans Scheduled for VIS Team Services
April 1, 1971 - June 30, 1971.

The categories of living circumstances given were very general and intended only to determine whether or not a veteran was living by himself, with his immediate family or relatives or with someone other than his family or relatives as would be the case in a nursing home. No attempt is made here to place a value judgment on these different living arrangements. The fact that a veteran lives alone could or could not indicate a certain amount of social adjustment. The same holds true for a veteran living with family or relatives and for those who live with people other than family or relatives. Table 3D displays the results concerning living circumstances of this survey.

The vast majority 1,014 or 82.3 percent of all veterans scheduled for VIS Team services this quarter lived with family members or relatives. Another 76 (6.2%) veterans lived with people other than family or relatives while 92 (7.5%) veterans lived alone. The remaining 50 (4.0%) veterans of the 1,232 scheduled had not made their living arrangements known to the VIS Team.

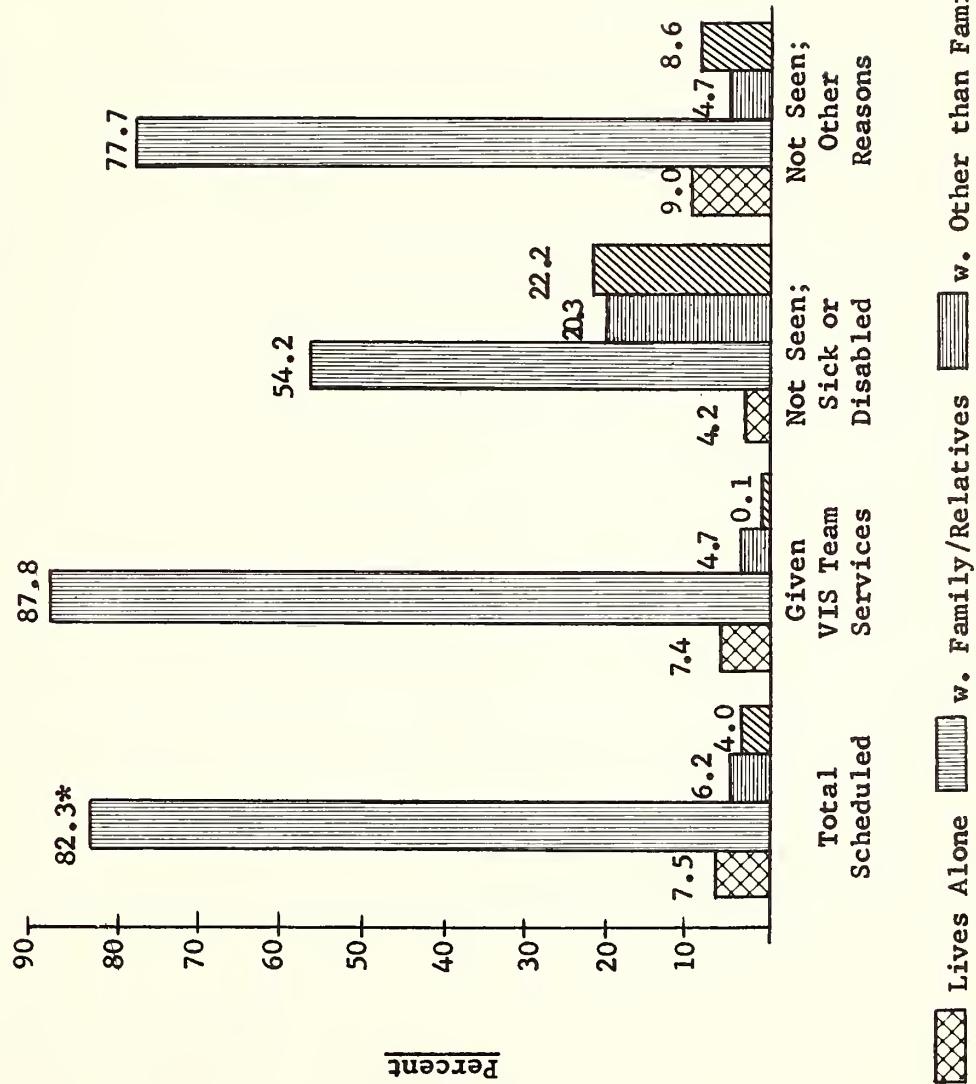
The percentage of veterans living with family or relatives was higher (87.8%) among those veterans who appeared at a Clinic of jurisdiction. Of the 835 veterans seen at a Clinic, only 62 (7.4%) lived alone while 39 (4.7%) veterans lived with someone outside the family and 1 (0.1%) was not known.

The VIS Teams were not able to determine the living circumstances of 25 veterans or 22.2 percent of the 118 veterans too ill or disabled to come to a Clinic for VIS Team services. It was reported, however, that 64 (54.2%) veterans in the sick or disabled group lived with family or relatives and that 24 (20.3%) sick or disabled lived with someone other than family or relatives. There were only 5 (4.2%) veterans in the sick or disabled segment of the segment of the scheduled population who lived alone.

The 279 veterans unable to come to a Clinic for VIS Team services for reasons unrelated to health had the highest percentage of veterans living alone. There were 25 (9.0%) veterans in this group who lived alone. The greatest number lived with family or relatives, that is 217 veterans or 77.7% of the total 279. In addition to the 13 (4.7%) veterans living with someone other than family or relatives, another 24 (8.6%) veterans had living situations unknown to their VIS Team.

CHART V 1/

Living Arrangements of Eligible Veterans
Scheduled for VIS Team Services



1/ Based upon Table 3D.

X. Field Visits to Veterans Scheduled for VIS Team Services April 1, 1971 - June 30, 1971.

For the purposes of this study there were two types of field visits possible (see Appendix D). The comprehensive field visit was one made by a Team member or designee in which the veteran's profile of health, living circumstances and personal adjustment was updated and for whom as many clinic services as possible were planned or provided. The second category of field visits was simply other field visits which included any field visit not covered by the term comprehensive. The results of this survey dealing with field visits are shown in Table 3E.

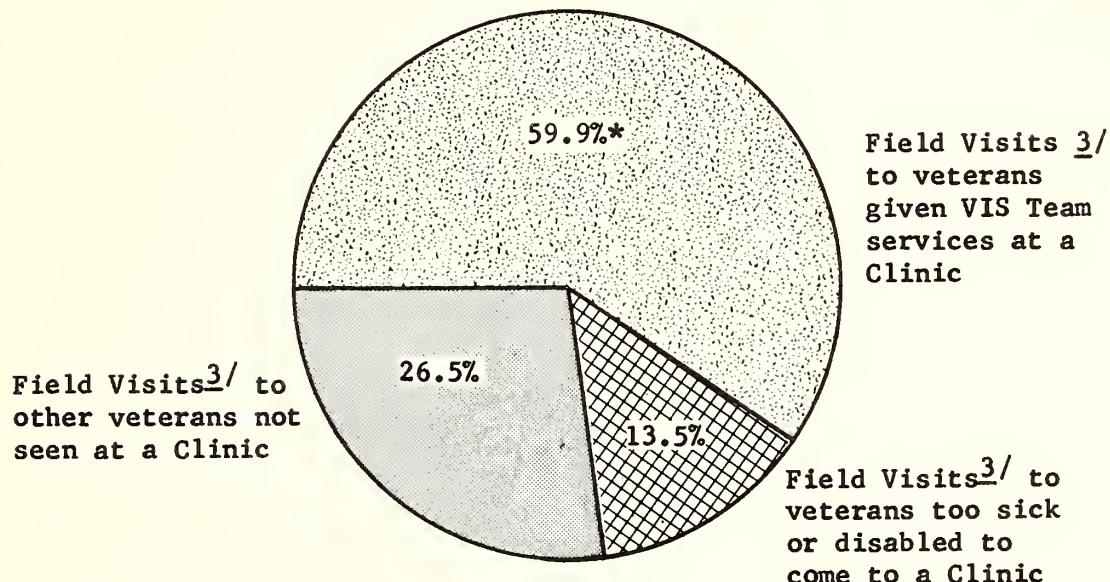
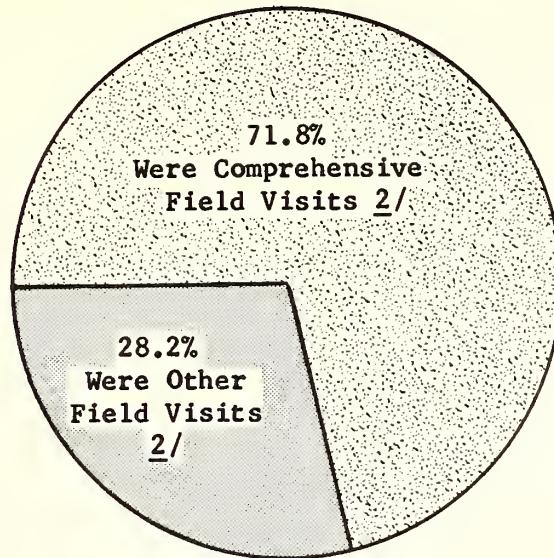
There were a total of 524 field visits made to veterans scheduled for VIS Team services. It should be noted that these 524 field visits may not have concerned 524 veterans. It is possible and probable that some veterans received more than one visit. Comprehensive field visits accounted for 376 or 71.8% of all field visits to scheduled veterans. The remaining 148 (28.2%) were considered to be other field visits.

The 835 veterans receiving VIS Team services at a Clinic received 314 field visits. There were 204 (65.0%) comprehensive field visits and 110 (35.0%) other field visits.

Besides the 314 field visits made to veterans who came to a Clinic for VIS Team services, 71 field visits were made to veterans scheduled but unable to come to a Clinic due to sickness or disability. Eligible veterans who did not receive VIS Team services for other reasons received 139 field visits. The 71 visits to sick and disabled veterans was comprised of 56 comprehensive and 15 other field visits. The 139 field visits to veterans unable to come to a Clinic for reasons other than health consisted of 116 comprehensive field visits and 23 other field visits.

CHART VI 1/

Field Visits to Eligible Veterans
Scheduled for VIS Team Services
(Total = 524)



*Of the total 524 field visits, 59.9% were made to veterans who were also seen at a clinic and given VIS Team services.

1/ Based upon calculations from Table 3E.

2/ Definition: see Appendix D.

3/ Total Field Visits, i.e. Comprehensive plus Other.

PART TWO

STATISTICAL TABLES

Table I
Number of Eligible Veterans in VIS Team Jurisdictions
as of June 10, 1971

Station	Number in Jurisdiction	Station	Number in Jurisdiction
Total	5,496 1/		
VAH, Albany, NY	40	VAH, Miami, FL	94
VAH, Albuquerque, NM	74	VAH, Minneapolis, MN	84
VAH, Allen Park, MI	170	VAH, Montgomery, AL	126
VAH, Atlanta, GA	142	VAH, Muskogee, OK	57
VAH, Baltimore, MD	59	VAH, Nashville, TN	144
VAC, Bay Pines, FL	223	VAH, Newington, CT	51
VAC, Boise, ID	21	VAH, New Orleans, LA	54
VAOPC, Boston, MA	131	VAH, New York, NY	153
VAOPC, Brooklyn, NY	35	VAH, Oklahoma, OK	59
VAH, Buffalo, NY	29	VAH, Omaha, NE	13
VAC, Cheyenne, WY	6	VAOPC, Philadelphia, PA	130
VAH, Chicago, IL (W.S.)	205	VAH, Phoenix, AZ	61
VAH, Cincinnati, OH	124	VAH, Pittsburgh, PA (GMS)	118
VAH, Cleveland, OH	104	VAH, Portland, OR	113
VAH, Columbia, SC	83	VAH, Providence, RI	61
VAH, Dallas, TX	67	VAC, Reno, NV	16
VAH, Denver, CO	73	VAH, Salem, VA	117
VAC, Des Moines, IA	48	VAH, Salisbury, NC	124
VAH, East Orange, NJ	--1/	VAH, Salt Lake City, UT	38
VAC, Fargo, ND	24	VAOPC, San Antonio, TX	72
VAC, Fort Harrison, VT	16	VAH, San Francisco, CA	260
VARO, Honolulu, HI	16	VAC, San Juan, PR	--1/
VAH, Houston, TX	78	VAH, Seattle, WA	107
VAH, Huntington, WV	51	VAH, Shreveport, LA	45
VAH, Indianapolis, IN	96	VAC, Sioux Falls, SD	12
VAC, Jackson, MS	127	VAH, St. Louis, MO	83
VAH, Kansas, MO	92	VAH, Syracuse, MO	43
VAH, Lincoln, NE	31	VAC, Togus, ME	45
VAH, Little Rock, AR	81	VAH, Tucson, AZ	27
VAH, Long Beach, CA	73	VAH, Waco, TX	76
VAOPC, Los Angeles, CA	188	VAH, Washington, DC	100
VAH, Louisville, KY	114	VAC, White River Jct., VT	7
VAOPC, Lubbock, TX	31	VAC, Wichita, KS	86
VAH, Manchester, NH	30	VAH, Wilkes-Barre, PA	78
VARO, Manila, PI	50	VAH, Wilmington, DE	16
		VAC, Wood, WI	94

1/ The total shown does not include 147 and 83 eligible veterans at East Orange, NJ and San Juan, PR, respectively, as determined from Central Office listings. This would bring the total to 5,726 eligibles.

Table 2
Report on Visual Impairment Service Teams
(April 1 - June 30, 1971)

STATIONS	Question 2 1/		Question 3A 1/		Question 4A 1/		Question 5A 1/	
	Number Scheduled This Quarter	Percent Seen At Clinic	Percent Seen At Clinic	Percent Not Seen at Clinic Due to Sickness or Disability	Percent Not Seen at Clinic Due to Other Reasons	Percent At Clinic	Percent Not Seen At Other Reasons	
TOTAL Percent	1,232 100.0	835 67.8	118 9.6	21 -	4 -	279 22.6	22.6	
Albany, NY	25	20	3	-	-	4	-	
Albuquerque, NM	33	20	3	-	-	10	-	
Allen Park, MI	-	-	-	-	-	-	-	
Atlanta, GA	14	11	1	-	-	2	-	
Baltimore, MD	6	5	-	-	-	1	-	
Bay Pines, FL	36	36	-	-	-	-	-	
Boise, ID	3	3	-	-	-	-	-	
Boston, MA	43	31	3	-	-	9	-	
Brooklyn, NY	10	6	2	-	-	2	-	
Buffalo, NY	-	-	-	-	-	-	-	
Cheyenne, WY	1	1	-	-	-	-	-	

2/

See Appendix D

Table 2
Report on Visual Impairment Service Teams
(April 1 - June 30, 1971)

STATIONS	Question 2 1/		Question 3A 1/		Question 4A 1/		Question 5A 1/	
	Number Scheduled This Quarter	Percent Seen At Clinic	Percent Seen At Clinic	Percent Not Seen at Clinic Due to Sick- ness or Disability	Percent Not Seen at Clinic Due to Sick- ness or Disability	Percent At Clinic Due to Other Reasons	Percent Not Seen At Clinic Due to Other Reasons	
Chicago, IL	57	42	2	-	-	13	-	
Cincinnati, OH	8	6	-	-	-	2	-	
Cleveland, OH	15	12	-	-	-	3	-	
Columbia, SC	25	13	3	-	-	9	-	
Dallas, TX	14	11	2	-	-	1	-	
Denver, CO	10	9	-	-	-	1	-	
Des Moines, IA	12	9	3	-	-	-	-	
East Orange, NJ	-	-	-	-	-	-	-	
Fargo, ND	8	6	2	-	-	-	-	
Ft. Harrison, MT	13	-	3	-	-	10	-	
Honolulu, HI	16	14	1	1	1	1	-	
Houston, TX	1	1	-	-	-	-	-	
Huntington, WV	10	9	-	-	-	-	-	

Table 2
 Report on Visual Impairment Service Teams
 (April 1 - June 30, 1971)

STATIONS	Question 2A/		Question 3A 1/		Question 4A 1/		Question 5A 1/	
	Number Scheduled This Quarter	Percent Seen At Clinic	Percent Seen	Percent Not Seen at Clinic Due to Sick- ness or Disability	Percent Not Seen at Clinic Due to Other Reasons	Percent Not Seen At Clinic Due to Other Reasons	Percent Not Seen At Clinic	Percent Not Seen Due to Other Reasons
Indianapolis, IN	12	4		2			6	
Jackson, MS	34	28		5			1	
Kansas City, MO	11	9		2			-	
Lincoln, NE	31	18		3			10	
Little Rock, AR	17	16		1			-	
Long Beach, CA	24	7		-			17	
Los Angeles, CA	75	28		9			38	
Louisville, KY	36	27		2			7	
Lubbock, TX	-	-		-			-	
Manchester, NH	17	13					2	
Manilla, PI	15	11		4			-	
Miami, FL	28	13		3			12	
Minneapolis, MN	20	15		1			4	

Table 2
Report on Visual Impairment Service Teams
(April 1 - June 30, 1971)

STATIONS	Question 2 1/		Question 3A 1/		Question 4A 1/		Question 5A 1/	
	Number Scheduled This Quarter	Percent Seen At Clinic	Clinic Due to Sick- ness or Disability	Percent Not Seen at Clinic Due to Sick- ness or Disability	At Clinic Due to Other Reasons	Percent Not Seen At Clinic	Percent Not Seen At Other Reasons	
Montgomery, AL	1	1	-	-	-	-	-	
Muskogee, OK	20	14	1	1	5	-	-	
Nashville, TN	19	17	1	1	1	-	-	
Newington, CT	11	7	1	1	3	-	-	
New Orleans, LA	25	24	1	1	-	-	-	
New York, NY	25	12	1	1	12	-	-	
Oklahoma City, OK	23	16	2	2	5	-	-	
Omaha, NE	1	1	-	-	-	-	-	
Philadelphia, PA	52	44	3	3	5	-	-	
Phoenix, AZ	15	10	1	1	4	-	-	
Pittsburgh, PA	23	12	5	5	6	-	-	
Portland, OR	17	16	1	1	-	-	-	
Providence, RI	21	13	1	1	7	-	-	

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1/ See Appendix D

Table 2
 Report on Visual Impairment Service Teams
 (April 1 - June 30, 1971)

STATIONS	Question 2 1/		Question 3A 1/		Question 4A 1/		Question 5A 1/	
	Number Scheduled This Quarter	Percent Seen At Clinic	Percent Seen At Clinic	Percent Not Seen at Clinic Due to Sick- ness or Disability	Percent Not Seen at Clinic Due to Other Reasons	Percent At Clinic	Percent Not Seen	Percent Due to Other Reasons
Reno, NV	7	3	-	-	-	-	4	
Salem, VA	22	16	-	-	-	-	6	
Salisbury, NC	26	22	-	-	-	-	4	
Salt Lake City, UT	11	9	-	-	-	-	2	
San Antonio, TX	14	11	3	-	-	-	-	
San Francisco, CA	11	6	1	-	-	-	4	
San Juan, PR	-	-	-	-	-	-	-	
Seattle, WA	16	8	2	-	-	-	6	
Shreveport, LA	7	7	-	-	-	-	-	
Sioux Falls, SD	5	2	1	-	-	-	2	
St. Louis, MO	-	-	-	-	-	-	-	
Syracuse, NY	16	13	1	-	-	-	2	
Togus ME	21	16	3	-	-	-	2	

Table 2
 Report on Visual Impairment Service Teams
 (April 1 - June 30, 1971)

STATIONS	Question 2 1/	Question 3A 1/	Question 4A 1/	Question 5A 1/
	Number Scheduled This Quarter	Percent Seen At Clinic	Percent Not Seen at Clinic Due to Sickness or Disability	Percent Not Seen At Clinic Due to Other Reasons
Tucson, AZ	-	-	-	-
Waco, TX	17	13	4	-
Washington, DC	50	9	20	21
White River Jct., VT	2	1	-	1
Wichita, KS	14	13	1	-
Wilkes-Barre, PA	24	22	1	1
Wilmington, DE	-	-	-	-
Wood, WI	36	22	4	10

Table 3

Visual Impairment Service Teams Report
(April 1-June 30, 1971)

Station(s): Total VA

1.) Number of known different eligible veterans as of June 30, 1971	<u>5,496</u>
2.) Number of different eligible veterans scheduled to receive VIS Team Services between 4/1/71-6/30/71	<u>1,232</u> <u>100.0%</u>
3A) Number of different eligible veterans given VIS Team Services at a clinic this reporting period	<u>835</u> <u>67.8%</u>
4A) Number of different eligible veterans scheduled to receive VIS Team Services this reporting period who were too ill or disabled to come to the clinic	<u>118</u> <u>9.6%</u>
5A) Number of different eligible veterans scheduled to receive VIS Team Services this reporting period who were <u>not seen</u> at the clinic.....	<u>279</u> <u>22.6%</u>

Table 3A
Age Distribution of Different Eligible Veterans Scheduled to Receive VIS Team Services,
April 1-June 30, 1971

Age	Total Scheduled	Given VIS Team Svcs	Too Sick/Disabled	Not Seen at a Clinic
Total	1,232 100.0%	835 100.0%	118 100.0%	279 100.0%
Under 25	61 5.0%	45 5.4%	2 1.7%	14 5.0%
25 - 34	64 5.2%	47 5.6%	4 3.4%	13 4.7%
35 - 44	172 14.0%	119 14.3%	7 5.9%	46 16.5%
45 - 54	439 35.6%	324 38.8%	14 11.9%	101 36.2%
55 - 64	224 18.2%	155 18.6%	14 11.9%	55 19.7%
65 - 74	109 8.9%	70 8.3%	16 13.5%	23 8.2%
75 - 84	126 10.2%	69 8.3%	33 28.0%	24 8.6%
85 and Over	14 1.1%	6 0.7%	8 6.7%	-- --
Not Known	23 1.8%	-- --	20 17.0%	3 0.1%

Table 3B
 Visual Acuity of Eligible Veterans Scheduled for VIS Team Services,
 April 1, 1971-June 30, 1971

Visual Acuity	Total Scheduled	Given VIS Team Svcs	Too Sick/Disabled	Not Seen at a Clinic
Total	1,232 100.0%	835 100.0%	118 100.0%	279 100.0%
No Sight	341 27.7%	239 28.6%	28 23.7%	74 26.5%
Light Perception up to 5/200 in the better eye with best correction	455 36.9%	319 38.2%	45 38.1%	91 32.6%
6/200-20/200 in the better eye with best correction	260 21.1%	189 22.6%	14 11.9%	57 20.4%
Better than 20/200 in the better eye with best correction	85 6.9%	72 8.6%	1 0.9%	12 4.3%
Not Known	91 7.4%	16 2.0%	30 25.4%	45 16.1%

Table 3C
 Productive Activity of Eligible Veterans Scheduled for VIS Team Services,
 April 1, 1971-June 30, 1971

Productive Activity	Total Scheduled	Given VIS Team Svcs	Too Sick/Disabled	Not Seen at a Clinic
Total	1,232 100.0%	835 100.0%	118 100.0%	279 100.0%
Productively Active	421 34.2%	324 38.8%	3 2.5%	94 33.7%
Not Productively Active	750 60.9%	507 60.7%	92 78.0%	151 54.1%
Not Known	61 4.9%	4 0.5%	23 19.5%	34 12.2%

Table 3D
 Living Arrangements of Different Eligible Veterans Scheduled to Receive VIS Team Services,
 (April 1-June 30, 1971)

Living Arrangements	Total Scheduled	Given VIS Team Svcs	Too Sick/Disabled	Not Seen at a Clinic
Total	1,232 100.0%	835 100.0%	118 100.0%	279 100.0%
Live Alone	92 7.5%	62 7.4%	5 4.2%	25 9.0%
With Family/Relatives	1,014 82.3%	733 87.8%	64 54.2%	217 77.7%
With Other Than Family or Relatives	76 6.2%	39 4.7%	24 20.3%	13 4.7%
Not Known	50 4.0%	1 0.1%	25 22.2%	24 8.6%

Table 3E
 Field Visits to Different Eligible Veterans Scheduled to Receive VIS Team Services,
 April 1, 1971-June 30, 1971

Type Of Field Visits	Total to Scheduled Veterans	Number to Veterans Given VIS Team Svcs	Number to Veterans Too Sick/Disabled	Number to Veterans Not Seen at a Clinic
Total	524 100.0%	314 100.0%	71 100.0%	139 100.0%
Comprehensive Field Visits	376 71.8%	204 65.0%	56 78.9%	116 83.5%
Other Field Visits	148 28.2%	110 35.0%	15 21.1%	23 16.5%

Table 4
 Number of Different Eligible Veterans Scheduled for
 VIS Team Service Who Were NOT Seen at the Clinic
 And Reasons for Their Non-Participation

Stations	Total	No Response					
		Lack of interest in the program	Lack of time caused by employment	Lack of family support	Transportation difficulties	Having moved away	Other reasons
Total VA Percent	279 100.0	56 20.1	28 10.0	8 2.8	19 6.8	18 6.5	96 34.4
Albany, NY	4	2	2	1	1	-	4
Albuquerque, NM	10	2	-	-	-	-	-
Allen Park, MI	-	-	-	-	-	-	-
Atlanta, GA	2	-	-	-	-	-	2
Baltimore, MD	1	-	-	-	-	-	-
Bay Pines, FL	-	-	-	-	-	-	-
Boise, ID	-	-	-	-	-	-	-
Boston, MA	9	1	3	1	1	1	2
Brooklyn, NY	2	-	-	-	-	-	-

Table 4
Number of Different Eligible Veterans Scheduled for
VIS Team Service Who Were NOT Seen at the Clinic
And Reasons for Their Non-Participation

Stations	Total	Lack of interest in the program	Lack of time caused by employment	Lack of family support	Transportation difficulties	Having moved away	Other reasons	No response
Buffalo, NY	-	-	-	-	-	-	-	-
Cheyenne, WY	-	-	-	-	-	-	-	-
Chicago, IL (W.S.)	13	1	-	-	-	-	-	-
Cincinnati, OH	2	-	-	-	-	-	-	-
Cleveland, OH	3	1	-	-	-	-	-	-
Columbia, SC	9	-	-	-	-	-	-	-
Dallas, TX	1	1	-	-	-	-	-	-
Denver, CO	-	-	-	-	-	-	-	-
Des Moines, IA	-	-	-	-	-	-	-	-
East Orange, NJ	-	-	-	-	-	-	-	-
Fargo, ND	-	-	-	-	-	-	-	-

Table 4
 Number of Different Eligible Veterans Scheduled for
 VIS Team Service Who Were NOT Seen at the Clinic
 And Reasons for Their Non-Participation

Stations	Total	Reasons									
		No response	Other reasons	Having moved away	Transportation difficulties	Lack of family support	Lack of time caused by employment	Lack of interest in the program	Total	Other responses	No response
Fort Harrison, MT	10	-	-	-	-	-	-	-	10	-	-
Honolulu, HI	1	-	-	-	-	-	-	-	1	-	-
Houston, TX	-	-	-	-	-	-	-	-	-	-	-
Huntington, WV	1	-	-	-	-	-	-	-	-	-	-
Indianapolis, IN	6	2	-	-	-	-	-	-	2	-	-
Jackson, MS	1	1	-	-	-	-	-	-	1	-	-
Kansas City, MO	-	-	-	-	-	-	-	-	4	-	-
Lincoln, NE	10	1	2	-	-	-	-	-	15	1	1
Little Rock, AR	-	-	-	-	-	-	-	-	-	-	-
Long Beach, CA	17	1	-	-	-	-	-	-	15	2	2
Los Angeles, CA	38	15	2	-	-	-	-	-	14	1	1

Table 4
 Number of Different Eligible Veterans Scheduled for
 VIS Team Service Who Were NOT Seen at the Clinic
 And Reasons for Their Non-Participation

Stations	Total	Reasons												
		No response	Other reasons	Having moved away	Transpor- tation difficulties	Lack of family support	Lack of interest in the program	Total	Lack of time caused by employment	Lack of family support	Having moved away	Transpor- tation difficulties	Other reasons	No response
Louisville, KY	7	1	-	-	-	-	-	1	3	2	-	-	-	-
Lubbock, TX	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manchester, NH	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Manila, PI	-	-	1	1	-	-	-	1	-	-	-	-	-	-
Miami, FL	12	12	1	1	-	-	-	-	-	-	-	-	-	-
Minneapolis, MN	4	4	-	-	-	-	-	-	-	-	-	-	-	-
Montgomery, AL	-	5	1	1	-	-	-	-	-	-	-	-	-	-
Muskogee, OK	5	5	-	-	-	-	-	-	-	-	-	-	-	-
Nashville, TN	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Newington, CT	3	3	-	-	-	-	-	-	-	-	-	-	-	-
New Orleans, LA	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 4

Number of Different Eligible Veterans Scheduled for
 VIS Team Service Who Were NOT Seen at the Clinic
 And Reasons for Their Non-Participation

Stations	Total	Lack of interest in the program	Lack of time caused by employment	Lack of family support	Transportation difficulties	Having moved away	Other reasons	No response
New York, NY	12	5	1	-	-	2	1	4
Oklahoma City, OK	5	-	-	-	-	1	1	2
Omaha, NE	-	-	-	-	-	-	-	-
Philadelphia, PA	5	1	-	-	2	-	-	2
Phoenix, AZ	4	2	2	-	-	-	-	2
Pittsburgh, PA (GMS)	6	2	-	-	-	2	-	-
Portland, OR	-	-	-	-	-	-	-	4
Providence, RI	7	3	1	-	-	-	-	3
Reno, NV	4	-	-	-	-	-	-	1
Salem, VA	6	1	1	-	-	1	2	1
Salisbury, NC	4	-	-	-	-	-	-	2

Table 4
Number of Different Eligible Veterans Scheduled for
VIS Team Service Who Were NOT Seen at the Clinic
And Reasons for Their Non-Participation

Stations	Total	Lack of interest in the program	Lack of time caused by employment	Lack of family support	Transportation difficulties	Having moved away	Other reasons	No response
Salt Lake City, UT	2	1	-	-	-	-	-	1
San Antonio, TX	-	-	-	-	-	-	-	-
San Francisco, CA	4	-	6	-	-	-	-	-
San Juan, PR	-	-	1	-	-	-	-	-
Seattle, WA	6	2	-	-	-	-	-	-
Shreveport, LA	-	-	-	-	-	-	-	-
Sioux Falls, SD	2	-	-	-	-	-	-	-
St. Louis, MO	-	-	-	-	-	-	-	-
Syracuse, NY	2	1	1	-	-	-	-	-
Togus, ME	2	1	-	-	-	-	-	-
Tucson, AZ	-	-	-	-	-	-	-	-

Table 4
 Number of Different Eligible Veterans Scheduled for
 VIS Team Service Who Were NOT Seen at the Clinic
 And Reasons for Their Non-Participation

Stations	Total	Reasons						
		Lack of interest in the program	Lack of time caused by employment	Lack of family support	Transportation difficulties	Having moved away	Other reasons	No response
Waco, TX	1	5	2	4	4	3	2	1
Washington, DC	21	-	-	-	-	-	-	-
White River Jct., VT	1	-	-	-	-	-	-	-
Wichita, KS	-	-	-	-	-	-	-	-
Wilkes-Barre, PA	-	-	-	-	-	-	-	-
Wilmington, DE	-	-	-	-	-	-	-	-
Wood, WI	10	-	-	-	-	-	-	-



PART THREE

DATA SUBMITTED BY EACH
VISUAL IMPAIRMENT SERVICES TEAM

These notes apply in the following 72 tables:

- * in the better eye with best possible correction
- ** Productively active includes any salaried, avocational or volunteer-type activity undertaken for a minimum of 25 hours per week. Half-time student activity of 9 hours per week is also included as is vocational training of at least 12 hours per week.
- *** A comprehensive field visit is a field visit by a VIS Team member or designee in which the veteran's profile of health, living circumstances and personal adjustment has been updated and for whom as many clinic services as possible have been planned or provided. Field visits for all other reasons are counted under other field visits.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

TOTAL VA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	1,232	835	118	279
Age Categories:				
Under 25 years	61	45	2	14
25 - 34 years	64	47	4	13
35 - 44 years	172	119	7	46
45 - 54 years	439	324	14	101
55 - 64 years	224	155	14	55
65 - 74 years	109	70	16	23
75 - 84 years	126	69	33	24
85 years and over	14	6	8	-
Not known	23	-	20	3
Visual Acuity:				
No sight	341	239	28	74
Light perception up to 5/200*	455	319	45	91
6/200 - 20/200*	260	189	14	57
Better than 20/200 with a field restriction*	85	72	1	12
Not known	91	16	30	45
Productive Activity:				
Known to be productively active*	421	324	3	94
Known not to be productively active	750	507	92	151
Not known	61	4	23	34
Residence:				
Live alone	92	62	5	25
Live with family or relatives	1,014	733	64	217
Live with other than family or relatives	76	39	24	13
Not known	50	1	25	24
Field Visits:				
Comprehensive field visits*	376	204	56	116
Other field visits	158	110	15	33

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Albany, NY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	25	21	-	4
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	2	-	1
45 - 54 years	11	11	-	-
55 - 64 years	5	4	-	1
65 - 74 years	4	3	-	1
75 - 84 years	2	1	-	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	9	9	-	-
Light perception up to 5/200*	14	11	-	3
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	2	1	-	1
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	11	9	-	2
Known not to be productively active	14	12	-	2
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	23	20	-	3
Live with other than family or relatives	1	-	-	1
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	3	1	-	2
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Albuquerque, NM	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	33	20	3	10
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	2	2	-	-
35 - 44 years	4	4	-	-
45 - 54 years	9	5	-	4
55 - 64 years	12	6	1	5
65 - 74 years	1	-	1	-
75 - 84 years	3	1	1	1
85 years and over	1	1	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	9	5	2	2
Light perception up to 5/200*	14	11	-	3
6/200 - 20/200*	9	3	1	5
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	15	9	1	5
Known not to be productively active	18	11	2	5
Not known	-	-	-	-
Residence:				
Live alone	3	2	-	1
Live with family or relatives	30	18	3	9
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	12	-	2	10
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Allen Park, MI	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Atlanta, GA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	14	11	1	2
Age Categories:				
Under 25 years	2	1	-	1
25 - 34 years	3	3	-	-
35 - 44 years	5	5	-	-
45 - 54 years	3	2	1	-
55 - 64 years	1	-	-	1
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	1	-	1
Light perception up to 5/200*	5	4	1	-
6/200 - 20/200*	4	3	-	1
Better than 20/200 with a field restriction*	3	3	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	7	5	1	1
Known not to be productively active	6	6	-	-
Not known	1	-	-	1
Residence:				
Live alone	2	2	-	-
Live with family or relatives	12	9	1	2
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	13	11	1	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Baltimore, MD	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	6	5	-	1
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	1	1	-	-
35 - 44 years	1	-	-	1
45 - 54 years	4	4	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	2	-	-
Light perception up to 5/200*	3	2	-	1
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	2	1	-	1
Known not to be productively active	4	4	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	6	5	-	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	5	5	-	-
Other field visits	6	5	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Bay Pines, FL	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	36	36	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	2	-	-
35 - 44 years	7	7	-	-
45 - 54 years	15	15	-	-
55 - 64 years	8	8	-	-
65 - 74 years	2	2	-	-
75 - 84 years	2	2	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	8	8	-	-
Light perception up to 5/200*	17	17	-	-
6/200 - 20/200*	9	9	-	-
Better than 20/200 with a field restriction*	2	2	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	8	-	-
Known not to be productively active	28	28	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	32	32	-	-
Live with other than family or relatives	4	4	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Boise, ID	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	3	3	-	-
Age Categories:				
Under 25 years	2	2	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	1	1	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	2	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	1	1	-	-
Known not to be productively active	2	2	-	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	2	2	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Boston, MA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	43	31	3	9
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	-	-	2
35 - 44 years	4	4	-	-
45 - 54 years	20	14	2	4
55 - 64 years	8	6	-	2
65 - 74 years	5	5	-	-
75 - 84 years	4	2	1	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	7	5	-	2
Light perception up to 5/200*	30	24	2	4
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	6	2	1	3
Productive Activity:				
Known to be productively active*	19	14	-	5
Known not to be productively active	24	17	3	4
Not known	-	-	-	-
Residence:				
Live alone	5	4	-	1
Live with family or relatives	37	27	2	8
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	23	14	5	4
Other field visits	3	2	1	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Brooklyn, NY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	10	6	2	2
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	2	-	1
45 - 54 years	2	1	-	1
55 - 64 years	2	2	-	-
65 - 74 years	1	1	-	-
75 - 84 years	2	-	2	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	3	2	1	-
6/200 - 20/200*	3	-	1	2
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	5	4	-	1
Known not to be productively active	4	2	2	-
Not known	1	-	-	1
Residence:				
Live alone	1	-	1	-
Live with family or relatives	8	6	1	1
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Buffalo, NY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Cheyenne, WY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	1	1	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	1	1	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	1	1	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Chicago, IL	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	57	42	2	13
Age Categories:				
Under 25 years	1	-	-	1
25 - 34 years	4	4	-	-
35 - 44 years	4	3	-	1
45 - 54 years	24	21	-	3
55 - 64 years	12	9	-	3
65 - 74 years	6	3	1	3
75 - 84 years	6	2	1	2
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	19	15	-	4
Light perception up to 5/200*	24	14	2	8
6/200 - 20/200*	10	9	-	1
Better than 20/200 with a field restriction*	-	-	-	-
Not known	4	4	-	-
Productive Activity:				
Known to be productively active*	18	17	-	1
Known not to be productively active	39	25	2	12
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	52	39	2	11
Live with other than family or relatives	4	2	-	2
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	23	23	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Dallas, TX	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	14	11	2	1
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	1	1	-	-
45 - 54 years	5	3	1	1
55 - 64 years	2	2	-	-
65 - 74 years	2	2	-	-
75 - 84 years	2	1	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	2	2	-	-
6/200 - 20/200*	3	2	1	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	6	4	1	1
Productive Activity:				
Known to be productively active*	2	2	-	-
Known not to be productively active	10	8	2	-
Not known	2	1	-	1
Residence:				
Live alone	-	-	-	-
Live with family or relatives	12	10	1	1
Live with other than family or relatives	2	1	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	1	-	1	-
Other field visits	3	1	-	2

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Columbia, SC	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	25	13	3	9
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	3	2	-	1
35 - 44 years	5	2	-	3
45 - 54 years	8	6	-	2
55 - 64 years	5	1	2	2
65 - 74 years	1	-	1	-
75 - 84 years	3	2	-	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	19	8	3	8
Light perception up to 5/200*	1	1	-	-
6/200 - 20/200*	2	1	-	1
Better than 20/200 with a field restriction*	3	3	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	5	2	-	3
Known not to be productively active	19	11	3	5
Not known	1	-	-	1
Residence:				
Live alone	2	1	-	1
Live with family or relatives	22	12	2	8
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	3	-	1	2
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Cleveland, OH	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	15	12	-	3
Age Categories:				
Under 25 years	1	-	-	1
25 - 34 years	-	-	-	-
35 - 44 years	3	3	-	-
45 - 54 years	7	5	-	2
55 - 64 years	3	3	-	-
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	3	-	2
Light perception up to 5/200*	1	1	-	-
6/200 - 20/200*	2	2	-	-
Better than 20/200 with a field restriction*	7	6	-	1
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	7	-	1
Known not to be productively active	6	5	-	1
Not known	1	-	-	1
Residence:				
Live alone	-	-	-	-
Live with family or relatives	15	12	-	3
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Cincinnati, OH	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	8	6	-	2
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	3	2	-	1
45 - 54 years	1	-	-	1
55 - 64 years	2	2	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	5	4	-	1
6/200 - 20/200*	3	2	-	1
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	1	1	-	-
Known not to be productively active	7	5	-	2
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	6	4	-	2
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Denver, CO	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	10	9	-	1
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	1	-	1
35 - 44 years	2	2	-	-
45 - 54 years	3	3	-	-
55 - 64 years	1	1	-	-
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	1	1	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	5	4	-	1
6/200 - 20/200*	2	2	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	6	5	-	1
Known not to be productively active	4	4	-	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	9	8	-	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	2	2	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Des Moines, IA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	12	9	3	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	2	-	-
35 - 44 years	1	1	-	-
45 - 54 years	5	5	-	-
55 - 64 years	2	1	1	-
65 - 74 years	1	-	1	-
75 - 84 years	1	-	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	6	5	1	-
Light perception up to 5/200*	4	2	2	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	3	-	-
Known not to be productively active	8	6	2	-
Not known	1	-	1	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	9	9	-	-
Live with other than family or relatives	-	-	-	-
Not known	3	-	3	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	2	2	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

East Orange, NJ	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Fargo, ND	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	8	6	2	-
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	1	1	-	-
45 - 54 years	2	2	-	-
55 - 64 years	1	1	-	-
65 - 74 years	-	-	-	-
75 - 84 years	2	-	2	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	2	-	-
Light perception up to 5/200*	4	2	2	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	3	-	-
Known not to be productively active	5	3	2	-
Not known	-	-	-	-
Residence:				
Live alone	1	-	1	-
Live with family or relatives	5	4	1	-
Live with other than family or relatives	2	2	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	1	1	-	-
Other field visits	2	2	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Ft. Harrison, MT	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	13	-	3	10
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	-	1	1
35 - 44 years	-	-	-	-
45 - 54 years	6	-	1	5
55 - 64 years	1	-	-	1
65 - 74 years	2	-	-	2
75 - 84 years	2	-	1	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	-	1	2
Light perception up to 5/200*	1	-	-	1
6/200 - 20/200*	2	-	1	1
Better than 20/200 with a field restriction*	1	-	-	1
Not known	6	-	1	5
Productive Activity:				
Known to be productively active*	4	-	-	4
Known not to be productively active	8	-	3	5
Not known	1	-	-	1
Residence:				
Live alone	1	-	-	1
Live with family or relatives	9	-	-	9
Live with other than family or relatives	3	-	3	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	5	-	3	2
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Honolulu, HI	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	16	14	1	1
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	3	3	-	-
45 - 54 years	5	5	-	-
55 - 64 years	2	-	1	1
65 - 74 years	2	2	-	-
75 - 84 years	2	2	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	7	6	1	-
Light perception up to 5/200*	6	5	-	1
6/200 - 20/200*	3	3	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	9	8	-	1
Known not to be productively active	7	6	1	-
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	11	9	1	1
Live with other than family or relatives	3	3	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	4	3	1	-
Other field visits	12	11	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Houston, TX	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	1	1	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	1	1	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	1	1	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	1	1	-	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Huntington, WV	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	10	9	-	1
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	2	2	-	-
45 - 54 years	5	4	-	1
55 - 64 years	1	1	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	1	1	-	-
Light perception up to 5/200*	4	4	-	-
6/200 - 20/200*	5	4	-	1
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	3	-	-
Known not to be productively active	7	6	-	1
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	10	9	-	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	5	3	-	2

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Indianapolis, IN	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	12	4	2	6
Age Categories:				
Under 25 years	2	1	-	1
25 - 34 years	-	-	-	-
35 - 44 years	1	1	-	-
45 - 54 years	4	2	-	2
55 - 64 years	1	-	-	1
65 - 74 years	2	-	1	1
75 - 84 years	2	-	1	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	1	-	1
Light perception up to 5/200*	5	2	1	2
6/200 - 20/200*	2	1	1	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	3	-	-	3
Productive Activity:				
Known to be productively active*	2	1	-	1
Known not to be productively active	10	3	2	5
Not known	-	-	-	-
Residence:				
Live alone	3	1	-	2
Live with family or relatives	9	3	2	4
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	9	2	1	6
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Jackson, MS	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	34	28	5	1
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	11	11	-	-
45 - 54 years	13	12	-	1
55 - 64 years	6	4	2	-
65 - 74 years	5	5	-	-
75 - 84 years	9	6	3	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	12	7	4	1
Light perception up to 5/200*	8	7	1	-
6/200 - 20/200*	11	11	-	-
Better than 20/200 with a field restriction*	2	2	-	-
Not known	1	1	-	-
Productive Activity:				
Known to be productively active*	4	3	-	1
Known not to be productively active	30	25	5	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	34	28	5	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	15	12	2	1
Other field visits	4	4	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Kansas City, MO	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	11	9	2	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	2	2	-	-
45 - 54 years	2	2	-	-
55 - 64 years	5	4	1	-
65 - 74 years	2	1	1	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	2	1	1	-
6/200 - 20/200*	4	3	1	-
Better than 20/200 with a field restriction*	2	2	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	1	1	-	-
Known not to be productively active	10	8	2	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	11	9	2	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	4	2	2	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Lincoln, NE	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	31	18	3	10
Age Categories:				
Under 25 years	3	1	-	2
25 - 34 years	5	5	-	-
35 - 44 years	5	5	-	-
45 - 54 years	10	4	-	6
55 - 64 years	3	2	-	1
65 - 74 years	3	--	2	1
75 - 84 years	1	-	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	10	8	-	2
Light perception up to 5/200*	12	6	3	3
6/200 - 20/200*	4	1	-	3
Better than 20/200 with a field restriction*	5	3	-	2
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	9	6	-	3
Known not to be productively active	22	12	3	7
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	26	15	2	9
Live with other than family or relatives	3	1	1	1
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	2	1	1	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Little Rock, AR	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	17	16	1	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	1	1	-	-
45 - 54 years	4	4	-	-
55 - 64 years	7	6	1	-
65 - 74 years	2	2	-	-
75 - 84 years	3	3	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	5	-	-
Light perception up to 5/200*	6	6	-	-
6/200 - 20/200*	4	3	1	-
Better than 20/200 with a field restriction*	2	2	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	4	3	1	-
Known not to be productively active	13	13	-	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	15	14	1	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Long Beach, CA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	24	7	-	17
Age Categories:				
Under 25 years	3	1	-	2
25 - 34 years	-	-	-	-
35 - 44 years	1	1	-	-
45 - 54 years	9	4	-	5
55 - 64 years	6	1	-	5
65 - 74 years	2	-	-	2
75 - 84 years	3	-	-	3
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	10	4	-	6
Light perception up to 5/200*	7	2	-	5
6/200 - 20/200*	2	-	-	2
Better than 20/200 with a field restriction*	4	-	-	4
Not known	1	1	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	23	7	-	16
Not known	1	-	-	1
Residence:				
Live alone	-	-	-	-
Live with family or relatives	23	7	-	16
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	19	6	-	13
Other field visits	7	-	-	7

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Los Angeles, CA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	75	28	9	38
Age Categories:				
Under 25 years	6	4	1	1
25 - 34 years	4	2	1	1
35 - 44 years	11	-	-	11
45 - 54 years	28	11	3	14
55 - 64 years	9	5	-	4
65 - 74 years	7	3	2	2
75 - 84 years	7	2	1	4
85 years and over	2	1	1	-
Not known	1	-	-	1
Visual Acuity:				
No sight	19	10	2	7
Light perception up to 5/200*	42	13	6	23
6/200 - 20/200*	11	4	-	7
Better than 20/200 with a field restriction*	1	1	-	-
Not known	2	-	1	1
Productive Activity:				
Known to be productively active*	31	13	-	18
Known not to be productively active	43	15	9	19
Not known	1	-	-	1
Residence:				
Live alone	9	4	1	4
Live with family or relatives	58	21	6	31
Live with other than family or relatives	7	3	2	2
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	69	28	7	34
Other field visits	4	-	1	3

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Louisville, KY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	36	27	2	7
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	1	-	-	1
35 - 44 years	4	3	1	-
45 - 54 years	12	11	-	1
55 - 64 years	7	5	-	2
65 - 74 years	5	2	1	2
75 - 84 years	7	6	-	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	8	6	-	2
Light perception up to 5/200*	18	14	2	2
6/200 - 20/200*	8	5	-	3
Better than 20/200 with a field restriction*	2	2	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	6	-	2
Known not to be productively active	28	21	2	5
Not known	-	-	-	-
Residence:				
Live alone	2	1	1	-
Live with family or relatives	33	25	1	7
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	11	11	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Lubbock, TX	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Manchester, NH	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	17	13	2	2
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	1	1	-	-
35 - 44 years	3	2	1	-
45 - 54 years	10	8	1	1
55 - 64 years	1	-	-	1
65 - 74 years	1	1	-	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	2	-	1
Light perception up to 5/200*	10	8	1	1
6/200 - 20/200*	4	3	1	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	7	7	-	-
Known not to be productively active	10	6	2	2
Not known	-	-	-	-
Residence:				
Live alone	1	-	-	1
Live with family or relatives	15	13	1	1
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Manila, PI	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	15	11	4	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	4	4	-	-
55 - 64 years	3	3	-	-
65 - 74 years	1	1	-	-
75 - 84 years	4	3	1	-
85 years and over	3	-	3	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	4	1	-
Light perception up to 5/200*	10	7	3	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	5	5	-	-
Known not to be productively active	8	5	3	-
Not known	2	1	1	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	14	10	4	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	12	9	3	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Miami, FL	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	28	13	3	12
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	1	1	-	-
35 - 44 years	5	3	-	2
45 - 54 years	7	4	-	3
55 - 64 years	5	2	1	2
65 - 74 years	4	2	-	2
75 - 84 years	4	1	2	1
85 years and over	-	-	-	-
Not known	2	-	-	2
Visual Acuity:				
No sight	4	2	-	2
Light perception up to 5/200*	6	4	-	2
6/200 - 20/200*	9	4	1	4
Better than 20/200 with a field restriction*	1	1	-	-
Not known	8	2	2	4
Productive Activity:				
Known to be productively active*	5	4	-	1
Known not to be productively active	16	8	3	5
Not known	7	1	-	6
Residence:				
Live alone	3	1	-	2
Live with family or relatives	20	12	2	6
Live with other than family or relatives	1	-	1	-
Not known	4	-	-	4
Field Visits:				
Comprehensive field visits*	6	-	3	3
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Minneapolis, MN	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	20	15	1	4
Age Categories:				
Under 25 years	3	2	-	1
25 - 34 years	2	2	-	-
35 - 44 years	5	4	-	1
45 - 54 years	5	3	1	1
55 - 64 years	2	1	-	1
65 - 74 years	2	2	-	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	8	4	1	3
Light perception up to 5/200*	2	2	-	-
6/200 - 20/200*	7	7	-	-
Better than 20/200 with a field restriction*	2	2	-	-
Not known	1	-	-	1
Productive Activity:				
Known to be productively active*	7	7	-	-
Known not to be productively active	13	8	1	4
Not known	-	-	-	-
Residence:				
Live alone	5	3	-	2
Live with family or relatives	15	12	1	2
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	3	2	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Montgomery, AL	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	1	1	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	1	1	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	1	1	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	1	1	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	1	1	-	-
Other field visits	2	2	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Muskogee, OK	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	20	14	1	5
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	3	2	-	1
35 - 44 years	2	1	-	1
45 - 54 years	4	4	-	-
55 - 64 years	3	3	-	-
65 - 74 years	2	-	-	2
75 - 84 years	6	4	1	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	13	10	1	2
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	6	4	-	2
Better than 20/200 with a field restriction*	-	-	-	-
Not known	1	-	-	1
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	19	14	1	4
Not known	1	-	-	1
Residence:				
Live alone	2	1	-	1
Live with family or relatives	10	9	-	1
Live with other than family or relatives	5	3	1	1
Not known	3	1	-	2
Field Visits:				
Comprehensive field visits*	1	-	1	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Nashville, TN	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	19	17	1	1
Age Categories:				
Under 25 years	3	2	-	1
25 - 34 years	-	-	-	-
35 - 44 years	4	4	-	-
45 - 54 years	5	5	-	-
55 - 64 years	1	1	-	-
65 - 74 years	2	2	-	-
75 - 84 years	4	3	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	2	-	-
Light perception up to 5/200*	6	6	-	-
6/200 - 20/200*	8	6	1	1
Better than 20/200 with a field restriction*	3	3	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	6	5	-	1
Known not to be productively active	13	12	1	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	19	17	1	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	18	17	1	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Newington, CT	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	11	7	1	3
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	1	-	2
45 - 54 years	3	2	-	1
55 - 64 years	2	1	1	-
65 - 74 years	3	3	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	3	1	1
Light perception up to 5/200*	5	4	-	1
6/200 - 20/200*	1	-	-	1
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	2	2	-	-
Known not to be productively active	9	5	1	3
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	8	6	-	2
Live with other than family or relatives	3	1	1	1
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	6	-	3	3
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

New Orleans, LA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	25	24	1	-
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	2	2	-	-
45 - 54 years	9	9	-	-
55 - 64 years	4	4	-	-
65 - 74 years	2	2	-	-
75 - 84 years	4	3	1	-
85 years and over	2	2	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	5	-	-
Light perception up to 5/200*	7	6	1	-
6/200 - 20/200*	13	13	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	8	-	-
Known not to be productively active	17	16	1	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	23	22	1	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	6	3	3	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

New York, NY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	25	12	1	12
Age Categories:				
Under 25 years	1	-	-	1
25 - 34 years	2	1	-	1
35 - 44 years	8	2	-	6
45 - 54 years	8	5	-	3
55 - 64 years	4	4	-	-
65 - 74 years	-	-	-	-
75 - 84 years	2	-	1	1
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	9	3	-	6
Light perception up to 5/200*	10	4	1	5
6/200 - 20/200*	5	5	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	1	-	-	1
Productive Activity:				
Known to be productively active*	12	9	-	3
Known not to be productively active	7	3	1	3
Not known	6	-	-	6
Residence:				
Live alone	2	1	-	1
Live with family or relatives	17	11	-	6
Live with other than family or relatives	-	-	-	-
Not known	6	-	1	5
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Oklahoma City, OK	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	23	16	2	5
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	2	2	-	-
45 - 54 years	11	9	-	2
55 - 64 years	5	3	-	2
65 - 74 years	1	-	-	1
75 - 84 years	3	1	2	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	4	3	-	1
Light perception up to .5/200*	7	6	1	-
6/200 - 20/200*	4	3	-	1
Better than 20/200 with a field restriction*	4	4	-	-
Not known	4	-	1	3
Productive Activity:				
Known to be productively active*	10	9	-	1
Known not to be productively active	12	7	2	3
Not known	1	-	-	1
Residence:				
Live alone	6	3	1	2
Live with family or relatives	16	13	1	2
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	2	1	-	1
Other field visits	2	1	1	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Omaha, NE	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	1	1	-	-
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	1	1	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	1	1	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Philadelphia, PA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	52	44	3	5
Age Categories:				
Under 25 years	4	4	-	-
25 - 34 years	2	2	-	-
35 - 44 years	8	7	-	1
45 - 54 years	14	11	1	2
55 - 64 years	19	17	1	1
65 - 74 years	2	-	1	1
75 - 84 years	3	3	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	16	14	-	2
Light perception up to 5/200*	17	13	2	2
6/200 - 20/200*	14	13	1	-
Better than 20/200 with a field restriction*	4	3	-	1
Not known	1	1	-	-
Productive Activity:				
Known to be productively active*	37	34	-	3
Known not to be productively active	14	9	3	2
Not known	1	1	-	-
Residence:				
Live alone	4	2	-	2
Live with family or relatives	45	39	3	3
Live with other than family or relatives	3	3	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	2	-	2	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Phoenix, AR	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	15	10	1	4
Age Categories:				
Under 25 years	2	1	-	1
25 - 34 years	1	1	-	-
35 - 44 years	1	-	-	1
45 - 54 years	7	5	1	2
55 - 64 years	1	1	-	-
65 - 74 years	1	1	-	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	6	4	-	2
Light perception up to 5/200*	8	5	1	2
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	5	4	-	1
Known not to be productively active	10	6	1	3
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	13	9	-	4
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	3	2	-	1
Other field visits	1	-	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Pittsburgh, PA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	23	12	5	6
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	1	1	-
35 - 44 years	3	2	-	1
45 - 54 years	7	5	-	2
55 - 64 years	3	2	-	1
65 - 74 years	2	-	2	-
75 - 84 years	5	2	1	2
85 years and over	1	-	1	-
Not known	-	-	-	-
Visual Acuity:				
No sight	5	1	3	1
Light perception up to 5/200*	11	7	2	2
6/200 - 20/200*	7	4	-	3
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	4	2	-	2
Known not to be productively active	19	10	5	4
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	20	12	2	6
Live with other than family or relatives	3	-	3	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	18	12	2	4
Other field visits	5	-	3	2

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Portland, OR	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	17	16	1	-
Age Categories:				
Under 25 years	4	4	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	3	-	-
45 - 54 years	2	2	-	-
55 - 64 years	2	2	-	-
65 - 74 years	2	2	-	-
75 - 84 years	3	2	1	-
85 years and over	1	1	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	5	5	-	-
6/200 - 20/200*	3	3	-	-
Better than 20/200 with a field restriction*	9	8	1	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	7	7	-	-
Known not to be productively active	10	9	1	-
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	13	12	1	-
Live with other than family or relatives	2	2	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	7	7	-	-
Other field visits	9	9	-	-

* See notes on page 46

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Providence, RI	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	21	13	1	7
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	2	-	1
45 - 54 years	11	8	-	3
55 - 64 years	4	3	-	1
65 - 74 years	-	-	-	-
75 - 84 years	3	-	1	2
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	4	4	-	-
Light perception up to 5/200*	11	5	1	5
6/200 - 20/200*	6	4	-	2
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	5	-	3
Known not to be productively active	13	8	1	4
Not known	-	-	-	-
Residence:				
Live alone	2	1	-	1
Live with family or relatives	19	12	1	6
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	1	1	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Reno, NV	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	7	3	-	4
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	1	-	-	1
45 - 54 years	3	1	-	2
55 - 64 years	1	-	-	1
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	1	-	1
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	4	1	-	3
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	2	-	1
Known not to be productively active	4	1	-	3
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	6	2	-	4
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	2	1	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

St. Louis, MO	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Salem, VA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	22	16	-	6
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	2	2	-	-
35 - 44 years	6	3	-	3
45 - 54 years	9	7	-	2
55 - 64 years	1	1	-	-
65 - 74 years	2	1	-	1
75 - 84 years	2	2	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	4	2	-	2
Light perception up to 5/200*	10	10	-	-
6/200 - 20/200*	8	4	-	4
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	8	4	-	4
Known not to be productively active	14	12	-	2
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	20	14	-	6
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	5	4	-	1
Other field visits	5	1	-	4

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Salisbury, NC	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	26	22	-	4
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	2	2	-	-
35 - 44 years	2	2	-	-
45 - 54 years	12	10	-	2
55 - 64 years	8	6	-	2
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	8	7	-	1
Light perception up to 5/200*	12	11	-	1
6/200 - 20/200*	4	3	-	1
Better than 20/200 with a field restriction*	1	-	-	1
Not known	1	1	-	-
Productive Activity:				
Known to be productively active*	9	8	-	1
Known not to be productively active	17	14	-	3
Not known	-	-	-	-
Residence:				
Live alone	6	4	-	2
Live with family or relatives	19	17	-	2
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	13	4	-	9
Other field visits	4	2	-	2

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Salt Lake City, UT	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	11	9	-	2
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	3	3	-	-
45 - 54 years	5	3	-	2
55 - 64 years	1	1	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	2	-	1
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	8	7	-	1
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	7	6	-	1
Known not to be productively active	3	3	-	-
Not known	1	-	-	1
Residence:				
Live alone	2	2	-	-
Live with family or relatives	8	7	-	1
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	6	6	-	-
Other field visits	4	3	-	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

San Antonio, TX	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	14	11	3	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	6	4	2	-
45 - 54 years	4	3	1	-
55 - 64 years	3	3	-	-
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	6	4	2	-
Light perception up to 5/200*	6	5	1	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	5	5	-	-
Known not to be productively active	9	6	3	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	13	10	3	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

San Francisco, CA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	11	6	1	4
Age Categories:				
Under 25 years	2	1	-	1
25 - 34 years	3	1	-	2
35 - 44 years	1	-	1	-
45 - 54 years	4	3	-	1
55 - 64 years	-	-	-	-
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	4	2	-	2
Light perception up to 5/200*	4	2	-	2
6/200 - 20/200*	2	1	1	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	3	-	-
Known not to be productively active	6	3	1	2
Not known	2	-	-	2
Residence:				
Live alone	-	-	-	-
Live with family or relatives	10	6	1	3
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	2	-	1	1
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

San Juan, PR	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Seattle, WA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	16	8	2	6
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	-	-	1
35 - 44 years	1	1	-	-
45 - 54 years	7	5	-	2
55 - 64 years	2	-	-	2
65 - 74 years	2	1	-	1
75 - 84 years	1	-	1	-
85 years and over	1	-	1	-
Not known	-	-	-	-
Visual Acuity:				
No sight	7	5	2	-
Light perception up to 5/200*	7	3	-	4
6/200 - 20/200*	2	-	-	2
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	9	5	-	4
Known not to be productively active	7	3	2	2
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	13	6	1	6
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	14	8	-	6
Other field visits	2	-	2	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Shreveport, LA	Scheduled This Quarter	Seen at Clinic	Not Seen	Due To:
			Sick or Disabled	Other Reasons
Total	7	7	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	1	1	-	-
45 - 54 years	3	3	-	-
55 - 64 years	2	2	-	-
65 - 74 years	1	1	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	3	3	-	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	2	2	-	-
Known not to be productively active	5	5	-	-
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	5	5	-	-
Live with other than family or relatives	1	1	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	2	2	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Sioux Falls, SD	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	5	2	1	2
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	1	-	-	1
45 - 54 years	2	1	-	1
55 - 64 years	1	1	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	1	-	1	-
Not known	-	-	-	-
Visual Acuity:				
No sight	3	1	-	2
Light perception up to 5/200*	1	-	1	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	1	-	2
Known not to be productively active	2	1	1	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	4	2	1	1
Live with other than family or relatives	-	-	-	-
Not known	1	-	-	1
Field Visits:				
Comprehensive field visits*	1	-	1	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Syracuse, NY	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	16	13	1	2
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	1	1	-	-
45 - 54 years	5	3	-	2
55 - 64 years	6	6	-	-
65 - 74 years	2	2	-	-
75 - 84 years	1	-	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	10	8	-	2
6/200 - 20/200*	5	4	1	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	10	9	-	1
Known not to be productively active	6	4	1	1
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	14	12	-	2
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	7	5	1	1
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Togus, ME	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	21	16	3	2
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	2	-	1	1
35 - 44 years	2	1	1	-
45 - 54 years	7	6	-	1
55 - 64 years	1	1	-	-
65 - 74 years	3	3	-	-
75 - 84 years	4	4	-	-
85 years and over	1	-	1	-
Not known	-	-	-	-
Visual Acuity:				
No sight	4	3	1	-
Light perception up to 5/200*	10	8	1	1
6/200 - 20/200*	3	1	1	1
Better than 20/200 with a field restriction*	4	4	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	3	2	-	1
Known not to be productively active	18	14	3	1
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	18	14	2	2
Live with other than family or relatives	1	-	1	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	9	5	3	1
Other field visits	6	6	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Tucson, AR	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Waco, TX	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	17	13	4	-
Age Categories:				
Under 25 years	1	-	1	-
25 - 34 years	1	1	-	-
35 - 44 years	4	4	-	-
45 - 54 years	6	6	-	-
55 - 64 years	1	1	-	-
65 - 74 years	2	1	1	-
75 - 84 years	2	-	2	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	7	5	2	-
Light perception up to 5/200*	4	3	1	-
6/200 - 20/200*	2	2	-	-
Better than 20/200 with a field restriction*	3	3	-	-
Not known	1	-	1	-
Productive Activity:				
Known to be productively active*	7	7	-	-
Known not to be productively active	10	6	4	-
Not known	-	-	-	-
Residence:				
Live alone	2	2	-	-
Live with family or relatives	11	11	-	-
Live with other than family or relatives	4	-	4	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	15	13	2	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Washington, D.C.	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	50	9	20	21
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	7	1	-	6
45 - 54 years	8	-	-	8
55 - 64 years	7	2	-	5
65 - 74 years	5	3	-	2
75 - 84 years	2	2	-	-
85 years and over	-	-	-	-
Not known	20	-	20	-
Visual Acuity:				
No sight	3	3	-	-
Light perception up to 5/200*	3	3	-	-
6/200 - 20/200*	2	2	-	-
Better than 20/200 with a field restriction*	1	1	-	-
Not known	41	-	20	21
Productive Activity:				
Known to be productively active*	11	3	-	8
Known not to be productively active	11	6	-	5
Not known	28	-	20	8
Residence:				
Live alone	-	-	-	-
Live with family or relatives	18	8	-	10
Live with other than family or relatives	6	1	-	5
Not known	26	-	20	6
Field Visits:				
Comprehensive field visits*	3	1	1	1
Other field visits	3	1	1	1

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

White River Jct., VT	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	2	1	-	1
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	1	-	-	1
65 - 74 years	-	-	-	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	1	-	-	1
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	1	1	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	2	1	-	1
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	2	1	-	1
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Wichita, KS	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	14	13	1	
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	1	1	-	-
35 - 44 years	2	2	-	-
45 - 54 years	5	5	-	-
55 - 64 years	-	-	-	-
65 - 74 years	4	3	1	-
75 - 84 years	1	1	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	2	2	-	-
Light perception up to 5/200*	3	3	-	-
6/200 - 20/200*	3	3	-	-
Better than 20/200 with a field restriction*	5	5	-	-
Not known	1	-	1	-
Productive Activity:				
Known to be productively active*	5	5	-	-
Known not to be productively active	8	8	-	-
Not known	1	-	1	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	13	13	-	-
Live with other than family or relatives	-	-	-	-
Not known	1	-	1	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	4	4	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Wilkes-Barre, PA	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	24	22	1	1
Age Categories:				
Under 25 years	3	3	-	-
25 - 34 years	2	2	-	-
35 - 44 years	3	2	1	-
45 - 54 years	11	11	-	-
55 - 64 years	5	4	-	1
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	6	6	-	-
Light perception up to 5/200*	11	10	-	1
6/200 - 20/200*	6	6	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	1	-	1	-
Productive Activity:				
Known to be productively active*	8	8	-	-
Known not to be productively active	15	14	1	-
Not known	1	-	-	1
Residence:				
Live alone	1	1	-	-
Live with family or relatives	20	18	1	1
Live with other than family or relatives	3	3	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	5	4	1	-
Other field visits	5	5	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Wilmington, DE	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	-	-	-	-
Age Categories:				
Under 25 years	-	-	-	-
25 - 34 years	-	-	-	-
35 - 44 years	-	-	-	-
45 - 54 years	-	-	-	-
55 - 64 years	-	-	-	-
65 - 74 years	-	-	-	-
75 - 84 years	-	-	-	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	-	-	-	-
Light perception up to 5/200*	-	-	-	-
6/200 - 20/200*	-	-	-	-
Better than 20/200 with a field restriction*	-	-	-	-
Not known	-	-	-	-
Productive Activity:				
Known to be productively active*	-	-	-	-
Known not to be productively active	-	-	-	-
Not known	-	-	-	-
Residence:				
Live alone	-	-	-	-
Live with family or relatives	-	-	-	-
Live with other than family or relatives	-	-	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	-	-	-	-
Other field visits	-	-	-	-

* See notes on page 46.

REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS
(April 1 - June 30, 1971)

Wood, WI	Scheduled This Quarter	Seen at Clinic	Not Seen Due To:	
			Sick or Disabled	Other Reasons
Total	36	22	4	10
Age Categories:				
Under 25 years	1	1	-	-
25 - 34 years	-	-	-	-
35 - 44 years	3	1	-	2
45 - 54 years	18	13	1	4
55 - 64 years	10	4	2	4
65 - 74 years	-	-	-	-
75 - 84 years	4	3	1	-
85 years and over	-	-	-	-
Not known	-	-	-	-
Visual Acuity:				
No sight	8	5	-	3
Light perception up to 5/200*	13	7	4	2
6/200 - 20/200*	12	9	-	3
Better than 20/200 with a field restriction*	2	1	-	1
Not known	1	-	-	1
Productive Activity:				
Known to be productively active*	15	10	-	5
Known not to be productively active	21	12	4	5
Not known	-	-	-	-
Residence:				
Live alone	1	1	-	-
Live with family or relatives	33	19	4	10
Live with other than family or relatives	2	2	-	-
Not known	-	-	-	-
Field Visits:				
Comprehensive field visits*	30	16	4	10
Other field visits	10	4	3	3

* See notes on page 46.

PART FOUR

UNEDITED COMMENTS BY
VISUAL IMPAIRMENT SERVICES TEAMS

Comments Submitted by VIS Teams

The following comments are the result of Question #6 of VA Form 10-20539 (NR), Report on Visual Impairment Service Teams, submitted for the report period April 1, 1971 - June 30, 1971.

VAH, ALBUQUERQUE, NM

This report does not reflect extensive rehabilitation services being provided other veterans by this station who make up the following categories:

1. SC veterans with visual problems who are not legally blind.
2. NSC veterans with visual problems who are not legally blind.
3. NSC veterans who are legally blind but not eligible for A & A.
4. NSC veterans who are legally blind and receiving A & A.

These categories comprise a total known population of 108.

VAH, ALLEN PARK, MI

We regret to report that the Visual Impairment Service Team has not been functioning formally as a team due mainly to staffing shortage problems. These have been related to other pressing programs. We wish, however, to inform you that this station has provided services to blinded veterans. During this past quarter, the Social Work Service personnel had direct contact with 37 blinded veterans and our Prosthetic and Sensory Aids Unit assisted and provided services to 33 blinded veterans. Some of these veterans seen by Social Work Service workers and/or Prosthetic representatives were also given treatment by Outpatient physicians for service-connected disabilities.

The figure of 170 in Item 1 of this report is an estimate since we have not yet reviewed all the files as of this date. We plan to implement the full function of the Visual Impairment Team as soon as possible in keeping with available professional staff time.

VAC, BOISE, ID

Most of the veterans (except those living in the Boise area) who are eligible for VIS Team reviews have to travel through snow covered mountain areas if they are called during the late fall, winter and early spring months. We, therefore, attempt to schedule most of our visits during the summer and early fall months. As a result of this scheduling, a disproportionate number of veterans were seen during this reporting period. It should also be noted that we make comprehensive field visits six months after the clinic visit, which, by nature of the summer schedule, would also fail to be reflected in this study.

VAOPC, BOSTON, MA

The Boston, MA OPC-VIS Program may be atypical of VIS services, nationally, in that we also have three (3) VA Offices in Massachusetts (Lowell, Worcester, Springfield) providing blinded veterans with sub-Team services. Our VAO's offer Social Service, Contact, and General Medical programs; however, Prosthetics, Sensory Aids, Audiology, and Ophthalmology specialties are available only at Boston OPC.

There are 93 eligible blind veterans residing in Boston area; an additional 38 eligible veterans reside in the areas covered by the three VAO's. Since February 1971 Boston OPC VIS Team has offered, in addition to the "full scale" annual VIS examination and review, a "partial" examination (including Prosthetics, Ophthalmology, Audiology, and Sensory Aids) to those eligible veterans in outlying areas of Massachusetts. To date only 4 men have availed themselves of this half-day program at Boston OPC; however, several other veterans in outlying areas have requested that their names be transferred to the Boston VIS roster for annual "full scale" review, because of the multiple medical and rehabilitative services available only at Boston OPC.

Since the Massachusetts VIS Team's inception in February 1967 the Boston area's 93 blinded veterans have been served by one part-time (24 hours per week) social worker-coordinator. Because of this, service is given primarily to those veterans who respond "favorably" to the annual Boston OPC invitation.

During 1970 approximately 55% of the Boston eligible group (93) used the complete VIS services; approximately another 20% rejected the invitation as "too busy"--usually with full time employment, to participate in the program. We believe that the remaining 25% (approximately 23-25 men) are too ill and incapacitated to use the Boston Clinic, despite the offer of roundtrip taxi service for the VIS Team examination. The feasibility of providing each of these incapacitated veterans with an annual comprehensive field visit is being explored. A planned expansion of the VIS Team program towards "reaching out" would require more social work time and concomitant budgetary support.

VAH, BUFFALO, NY

The Visual Impairment Service Team scheduled all eligible veterans within its jurisdiction to be seen during the first quarter of the 1971 calendar year. As a result, no eligible veterans were scheduled during the period covered by this statistical inquiry. The Visual Impairment Service Team has since met and has decided to space the appointments throughout the year. This will insure the continuation of the high quality of service now received by the veterans.

VAH, CHICAGO, IL

The number of Viet Nam veterans eligible for service continues to increase. Most of them have just been released from military hospitals or VA Blind Rehabilitation Centers and have not been seen by VIS Team as yet. A good number of these are having emotional difficulty accepting their degree of visual impairment. Social Work is having to reach out to these with considerable effort as they tend to deny their condition, are somewhat hostile toward the military and VA and do not want help at this time. We will diary those for re-evaluation within four to six months.

VAH, CINCINNATI, OH

Invitations were issued to 28 eligible veterans. This priority listing included Vietnam Era veterans who had not received Blind Rehabilitation and newly identified veterans with SC blindness. These priority selections were made because of staff shortages and needs of other programs.

VAH, COLUMBIA, SC

It should be noted that the VAH and OPC are approximately six miles apart. The eye and ear examinations are done at the VAH with the remainder of the program being carried out at the OPC. Therefore, the VIS Team is unable to function as outlined in M-2, Part I, Chapter 18; Professional Services Letter IL 11-70-54, July 7, 1970; DM&S Circular 10-70-262, December 4, 1970.

It requires almost the entire day for these veterans to be seen and evaluated. Many are complaining because of this and actually question the necessity of this visit when they have been issued an ID card and are being followed by their local medical doctor. This may account for the high number that did not report. (A follow-up home visit is being requested on these veterans.

It should be reported that these veterans are resistant to any suggestion that they would benefit from training in a Blind Rehabilitation Center. Only a very few of the younger ones are interested.

VAH, DALLAS, TX

On the very elderly and/or sick patient, in places of an actual review at the clinic, which is an all day affair, we believe more use of home visits are indicated as it is a "brutally" long day. They could be called in for selective parts of the review after the screening review done at home. We find very few men using their braille and we question long courses in it particularly for elderly veterans. Courses in the use of tape recorders, records, and talking books would, we believe, be a more realistic type of training to be offered at rehabilitation centers for most of the veterans.

VAH, DALLAS, TX continued

We feel that the new VA Form 10-1371 has been advantageous in reducing recording and making it available to the VIS Team in a more accessible manner. We are using a visible cardex file which is convenient to anyone needing it since it is in book form rather than a file cabinet.

Our Ophthalmology Service has found that there is a lack of space provided on the VAF 10-1371 for the recording of eye examination results. The location of left and right visual acuity and visual fields are also reversed from the usual practice of recording "right" first and "left" second. These changes have made it awkward for our ophthalmologists in their recording. We feel that some of the space available in the social service evaluation could be used by our ophthalmologists if the form is revised to provide more space for eye examination results.

VAH, DENVER, CO

Our VIST has developed a letter and return card explaining the plan for scheduling eligible blind veterans to be seen by the Team. This was mailed the first of the year to all on our list. If not interested in being scheduled, we have honored their wishes. If not able to come in we offered a home visit by the Social Worker. For the 22 of the 73 who have not replied, we plan a second letter to be mailed by August. If there is still no response it is planned that a personal contact will be made.

It is significant that our response on this questionnaire shows only one person failed to report after being scheduled. This person was contacted and advised us that he changed his mind about coming in this year, but would request service as needed. (He is familiar with the VIST and originally indicated interest in being scheduled.) Since we had only scheduled those who indicated a desire to come in, the results probably differ from what will be shown VA wide.

VAC, DES MOINES, IA

Observation of the Blind Program reveals no significant changes in the situation as far as acceptance of the VA Blind Program by those veterans who are eligible for such rehabilitation. In the State of Iowa there has been an extremely successful blind program carried on by the Iowa State Blind Association under the direction of Mr. Jernigan who himself is blind. This has become so effective that those veterans who have desired rehabilitation have chosen the Iowa State program, rather than the VA. Those who do not participate in any rehabilitation program may have lost their sense of purpose because of their disability or are unwilling to disturb an already acceptable environmental condition as far as they are concerned and do not want to be separated from their family.

We will continue encouraging the veterans to take advantage of the Blind Program.

VAC, FARGO, ND

I. D. Cards have been issued to virtually all qualifying blind veterans in order to serve members of the group in the way most convenient to each individual. Geographical distances in this area are quite considerable for some veterans to travel. For example, one of our blind veterans lives approximately 425 miles from Fargo VAC but by use of his I.D. Card he can secure service at a clinic less than 50 miles travel distance from his home.

VARO, HONOLULU, HI

Veterans recently retired from military services continue to receive medical care for service and/or nonservice-connected conditions at Tripler USA Hospital. General physical and special examination reports on these veterans are available from Tripler on request.

Majority of eligible veterans on the VIST services are fully acquainted with the VA and Hawaii State benefits on blinded program so that we are in contact with them throughout the year in providing them with and handling replacement, repairs of prostheses, appliances, and other equipment for the the blind.

VAH, HOUSTON, TX

A detailed report covering the above data on 49 veterans surveyed by VIST between February 1, 1971 and June 30, 1971 will be available in the next few days. These 49 veterans include 38 legally blind by definition (15 S.C. for blindness; 11 S.C. for other illness than blindness; 12 N.S.C. and ineligible for VIST). Eleven not legally blind by definition (7 S.C. for visual problem; 3 S.C. for other illnesses; 1 N.S.C. with no VA benefits). Nine other veterans eligible for VIST were excluded from this survey, by their request in late 1970 B.V.S.. Of these nine most were productively employed (one a State Senator, two medical doctors, one prison guard, one teacher) while the others were functioning at comfortable level. The majority of the 29 veterans known as eligible for VIST survey but not yet scheduled for 1971 were surveyed late in 1970, and are now being evaluated for scheduling in early September when the new staff is oriented to this program.

Trends which are indicated in the overall report are:

1. Most of the veterans have been well oriented and are aware and receiving veteran's benefits.
2. The majority favor coming to the Outpatient Clinic or to VA Hospital as they feel the individual need, rather than to be scheduled. The full day or two of numerous appointment are very fatiguing; work hardships on those regularly employed; and in many instances involve long hours of travel and travel inconveniences to keep appointments.
3. They expressed appreciation for the concern of the VA, and the majority would welcome a telephone call or letter concerning their welfare.

VAH, HOUSTON, TX continued

4. One half of the patients were productively engaged while the other half fell largely in order and retired age group, or were too ill to be more active than necessary.

5. Of the whole, the greater number of surveyed patients, had made a satisfactory adjustment to their visual difficulty, as well as to their social situation. Incomes seemed adequate. A number expressed pride in their sons serving in the military at this time. Few were embittered, and only one was a known alcoholic.

6. All, with the exception of ten lived with relatives, primarily their wives and children. Five were in nursing homes (two of these have since expired) and five lived alone with support from family and others.

7. The majority fell in the 45-65 year age group WWII veterans. We are anticipating a greater number of V. N. veterans as they become known to the Hospital or Clinics.

8. A large number had Visual Training and Aids prior to leaving the military or through Hines and Palo Alto. Seven are now active with the Light House for the Blind, whose counsellor has offered group help with factors in adjustment; and individual interviews in encouraging mobility training in the specialized areas namely Hines and Palo Alto, prior to Vocational Rehabilitation.

9. It is noted that glaucoma, diabetic retinopathy, cataracts, and vascular diseases are predominant diagnoses in the service connected veterans for other illnesses; while trauma due to combat is largely the causative factor in service connected blindness.

10. Hospital ward physicians and social workers are alert to the patients with visual problems and refer for evaluation for special training. Although we are well aware that these referrals form a large portion of ineligible veterans for the VIST, we believe that professionally we must offer the best possible care for all veterans with visual difficulties, and that this is providing preventive measures as well as preparing for the further progression of blindness in many instances. Too, the majority of those ineligible for the B.V.S., were eligible for outpatient care as they were also eligible for aid and attendance allowances.

We have during these four months made new and updated central card file (10-13H VIST Records).

VAH, HUNTINGTON, WV

Letters were sent asking each veteran if they were interested or not interested in being called in for a VIST examination. We received less than a 40% answer to these letters. It would appear that our field social workers are going to make home visits if we are to learn the needs of a great many of our men.

VAH, INDIANAPOLIS, IN

Since many blind veterans are now eligible for total medical care thru PL 91-500 and PL 91-102 and they receive this care locally through their private physicians, there is less interest in the trip to Indianapolis for an annual physical.

VAC, JACKSON, MS

The VIS Team is making efforts in several definite areas:

- (1) Productive monthly meetings of VIS Team.
- (2) Reduction in time spent at VA on exam date.
- (3) Better physicals and eye exams.
- (4) More comprehensive visits, both field and clinic.
- (5) GOAL - Comprehensive clinic visit for each eligible veteran.

Since 1/1/71, 55 examined at VAC, Jackson, 11 in Memphis VA and 12 in 4 county area in Gulfport, total 78 + 6 too ill to come in, 4 employed full time, grand total 88 since 1/1/71. Projected - 112 exams by 12/31/71, 15 who cannot come in for exam.

VAH, KANSAS CITY, MO

We have spent many hours reviewing C-Files to determine eligibility for the team services. Our print-out list is old (6-1-1970) and since we are not a Regional Office it is difficult to learn from the print-out whether or not the veteran resides in the St. Louis area or the Kansas City area.

We find 17 veterans who are eligible for team services but are too ill to come into the Veterans Administration Hospital Outpatient Division of the Kansas City facility. Most of these veterans have been visited and are known and we will continue annual visits or as nearly so as possible to see that they have the comfort items and all benefits provided by the Congress.

VAH, LONG BEACH, CA

During the last 6 months the number of blinded veterans not wanting to come in for annual medical exams has increased. Note our answer to item 5A. The primary reason for this is that many of them are under continuous VA treatment for all conditions because of eligibility under new laws, PL 91-102 and PL 91-500.

VA Form 10-1371 has been a liability to us (additional paper work summarizing information duplicated elsewhere). We have not been able to use it meaningfully for our team does not have time to meet and discuss individual cases. As the VIT program has not been funded, the Chairman of VIT has this position as an added duty with his full time Out-Patient Clinic schedule. As a result, the complete process of an annual review often is unduly delayed, taking three to four months to complete.

VAOPOC, LOS ANGELES, CA

During the reporting period there were a total of 16 applications for admission to the Western Blind Rehabilitation Center at VAH Palo Alto. Of these, 12 were seen by the VIS Team as part of the annual review for eligible veterans; four were NSC veterans entitled to outpatient treatment under provisions of PL 91-500.

If the 14 veterans who are awaiting their appointments for examination are added to the 28 veterans who have been examined during this reporting period, we note that 42 or 56% of the eligible veterans scheduled to receive VIS Team services have expressed interest in participating in the annual review. Of those who evidenced lack of interest in the program, many have explained their decision not to come in due to their being seen by their fee-authorized physician. This trend seems to be more pronounced as veterans become eligible for outpatient treatment under provisions of PL 91-102 and PL 91-500. Many of the veterans who previous to the VIS Team services were unaware of their entitlement to aid and attendance benefits now have received such benefits through favorable adjudicative action. As they are entitled to outpatient treatment services for any chronic, disabling disease, they are taking full advantage of necessary medical care.

VARO, MANILA, PI

We reviewed the claims folders of the list of blinded veterans received from Central Office, and found we have 50 blinded veterans eligible for the Visual Impairment Service. The team decided to schedule one veteran a week. The Outpatient Clinic EENT Specialist reports four hours everyday.

Of the 50 blinded veterans, only seven had received some rehabilitation training. One had his at Hines, Illinois; one trained at the Office of the Vocational Rehabilitation, Department of Social Welfare; three received theirs in Baguio, Mountain Province, under Mr. Aurelio J. Laigo, the blinded veteran who received his training in Hines; one from the School of the Deaf and Blind, Manila; and the last from a Professor in Special Education in Central Luzon Agricultural Center, Munoz, Nueva Ecija. Most of these veterans are aged and refuse to receive rehabilitation. However, we have recommended issuance of appliances they badly need. They cannot also undergo training because of age limit for applicants to train at a few Rehabilitation Centers we have in the Philippines. The younger veterans are contemplating to go in training. At the present time we have six possible referrals. We are trying to help them decide whether or not train.

All of these blinded veterans live with their immediate families except one who had a misunderstanding with his wife. He now lives alone and is visited by his children. Casework service is being rendered to him and to his wife. During the comprehensive home visits made on some of them, we noted that some of these veterans are over protected by their families.

VARO, MANILA, PI continued

Many of these blinded veterans are also suffering from other diseases. One has Hansen disease and he is now hospitalized at the Central Luzon Sanitarium. Others are suffering from PTB, Cardiovascular Disease, and other degenerative diseases. The aged veterans refuse to report to the Outpatient Clinic because of the difficulties encountered during travel. These 50 blinded veterans live in 22 different provinces all over the Philippines. Many of them live in remote areas which are difficult to reach. The veterans we had visited were so grateful about the VA's concern over them. In one instance, a veteran kissed the VA car, in which we rode to visit him, in gratitude to the VA. We will continue to work with the blinded veterans.

VAH, MIAMI, FL

Those veterans who initially responded to our letter and were provided with VIS Team Services have been the veterans who responded again this year. Our station will be hiring a new social worker so that home visits can be made to those veterans who do not respond or who are unable to come to the hospital for services. Follow-up services can then be arranged and provided as needed.

Our station has been trying to determine the method of reporting veterans that know who live in our area who would be eligible for team services either in accordance with M-2, Part I, Chapter 18, Section or with the introduction of PL 91-500. We would appreciate feedback on establishing these veterans on the list from Central Office in order to provide services to them.

VAH, MONTGOMERY, AL

We have noticed that a number of Vietnam veterans with severe visual handicaps are being retired from the service without having the benefit of one of the blind VA rehabilitation centers. One of these is completely without light perception but is highly resistant to entering a center. Three are presently in Hines VAC as a result of our contact, and two others will enter as soon as family situations are resolved.

We are also finding that a number of veterans are being placed in vocational training without first being rehabilitated to meet the needs of everyday living or being equipped with skills necessary to aid them in their education. We have encouraged the Vocational Counseling Section in our RO to refer the blind veterans to us before placing them in training but have not met with much success. If newly rated Vietnam veterans' names could be referred to our coordinator immediately rather than on the yearly printout, we believe this could be prevented.

VAH, MUSKOGEE, OK

Most veterans who could have benefited from field visits by the social worker resided in the area covered by the social worker who expired 4/16/71. Replacement was not obtained until 6/21/71. Service on these cases will now be given.

VAH, NASHVILLE, TN

Many of the older veterans (over age 75) who are being followed by doctors in their hometown do not want to come to Nashville because they do not feel like traveling the distance and they feel they are getting needed services locally.

VAH, NEWINGTON, CT

Of the 51 eligible veterans, 29 were seen by the VIS Team throughout the F.Y. 1971. Of the remaining 22, one was hospitalized in a neuropsychiatric hospital; two were at the Eastern Rehabilitation Center for the Blind; two were employed and one was a student and did not wish to take time off to come; four refused as unnecessary as they have their own physician; and twelve did not keep their appointments without giving any reasons.

Though follow-up of the last twelve particularly by social worker might have been productive this was not possible during the course of the year because of many pressures and limitations of staff. It is expected that this will be remedied during F.Y. 1972 as additional staff has been secured and the social worker coordinator will have more time to devote to the program.

VAH, NEW ORLEANS, LA

Trend noted with veterans who have a little vision-these are reluctant to accept training at Hines Rehabilitation Center.

Those veterans who have been blind for a while and have formed their own patterns of adjustment are reluctant to leave their families and familiar surroundings for 4 months training at Hines.

I have noted that the Vietnam Veterans have expected and demanded more medical information regarding treatment plans and their progress and future planning. They tend to be impatient and somewhat demanding.

I have noted that veterans who were independent prior to blindness and had good employment histories, continued to be independent and productive despite their blindness.

VAH, OKLAHOMA CITY, OK

Eight of the fifty-nine veterans are too ill and disabled to come to the hospital for VIS Team services. Two are in nursing homes. Distance from the hospital is also a factor for these veterans. Two veterans, both age 84, live in Oklahoma City; another, age 51, is bedfast and lives 30 miles away; the others, ages 55, 72, 75, 76, 78 and 79, reside from 100 to 300 miles from the hospital. All are receiving adequate medical care. We plan to follow these veterans through periodic field visits.

VAH, OMAHA, NE

Most of our annual appointments are scheduled for fall and winter when eye specialists are more available.

VAOPC, PHILADELPHIA, PA

One Veteran now at West Haven. Two Veterans - pending admission to West Haven.

VAH, PITTSBURGH, PA

With th on-going consolidation of the Outpatient Clinic, Federal Building and this hospital, many of the activities formerly performed at the clinic are being transferred to the hospital. The VIS Team which had functioned from the Clinic was reorganized at the hospital on March 29, 1971.

The Team's planning for reception of veterans includes an initial visit to the veterans home by a member of our Social Work Service. These field visits explore the veterans total social service situation, and ascertains their interest in being scheduled for VIS Team Services. If they are interested in our services, they are scheduled to report to the hospital. If they are not interested in coming to the hospital, the coordinator of the Team follows-up for continued Social Service help and the Social Service Report is forwarded to Prosthetics Section and other interested services as indicated.

Veterans reporting for VIS Team Services are first examined by our Chief, Outpatient Service, who is chairman of the VIS Team. Examinations are ordered for Audiology, ENT, Eye or any other Specialty Clinic where indicated.

In addition to other services provided, two veterans seen this quarter have expressed interest and will apply for Blind Rehabilitation Center Admission.

VAH, PORTLAND, OR

Younger veterans are more accepting of referral to Palo Alto. Older groups have made necessary adjustments and are not inclined to actively participate in planning that will disrupt present status.

VAH, PROVIDENCE, RI

The VIS Team at this station, after reviewing its performance, felt the following points would be of interest to Central Office.

1. Our physical setup of the clinic renders better service to our blinded veterans. The veteran is able to move from one service to another, all on one floor, with the greatest facility. This being a consolidated station, the resources of inpatient services are most helpful.
2. There has been an increase of new cases to the VIS clinic brought to us by eligible veterans under PL 91-500.
3. The VIS clinic has contributed to the reorganization of the Blind-ed Veterans Association Chapter in the state. The Chapter meets at this hospital for its monthly meetings. Two members of the VIS Team, secretary and prosthetic person, have been elected as honorary members of the Chapter.
4. There have been favorable relationships with the local community resources for the blind which has rendered better service to our blinded veterans.
5. Veterans reporting to our VIS clinic have been in receipt of good preventative medical care. Detection of other physical disabilities has been noted and early treatment begun.

VAH, SALEM, VA

Most of our veterans eligible for the VIS Team Service are WWII (average age 50) who have been reviewed about yearly for the past several years, and they generally see these annual evaluations as routine physical check-ups ("preventive medicine"). Occasionally they replace worn out P&SA equipment or order this equipment originally as they have developed a need for it (example: tape recorder). Most have either been through a VA or state blind rehabilitation center or they feel they are too settled to need the training now, and do not want to leave their families for an extended period of time. Also, some are productive and do not feel a need for benefits offered at a VA BRC.

The annual evaluations have discovered new medical conditions among our aging WWII veterans, and casework services have been needed in many situations of changing family status and personal adjustments. A concerted effort is made to reach out to all Vietnam blinded veterans for all VA and community benefits, especially BRC admission.

VAH, SALISBURY, NC

It is felt the distance to Hines and West Haven for blind rehabilitation, as well as the cold climate, have been deterring factors for many blind veterans in this area. Several expressed an interest, but when they found out where the training took place, they did not want to go.

VAH, SALISBURY, NC continued

Many of the older veterans are not aware of or have not taken advantage of benefits to which they are entitled, such as eligibility for medical treatment and medication under PL 91-102 and PL 91-500. Some had been paying for their own medication for a service-connected condition.

It is felt that veterans are less interested and less inclined to seek blind rehabilitation as more time lapses from the time to their discharge from service or onset of blindness. It is felt that those who receive blind rehabilitation prior to discharge from service make a better adjustment. Once they return to their home, particularly young veterans with wife and/or young children, they do not want to leave the area, and thus become increasingly dependent on family members. After this dependency develops, they will seldom seek training.

VAH, SALT LAKE CITY, UT

Please clarify the eligibility requirements for the NSC veterans receiving the Aid and Attendance benefit entitling them to Outpatient treatment.

VAOPC, SAN ANTONIO, TX

We set up an annual schedule for veterans eligible for VIS Team Service. First three quarters are scheduled a little heavier than the fourth quarter of fiscal year.

VAH, SAN FRANCISCO, CA

Viet Nam veterans generally have been well-c counseled regarding benefits prior to leaving service. Older veterans who have become recently blinded (glaucoma, Multiple Sclerosis, Diabetics) at times are not aware of all benefits for which they are eligible. We have not found any veterans who have been completely neglected. Field social workers are ever alert to report newly blinded veterans. We are in close contact with Carroll Aulth, Western Blind Center.

VAH, SHREVEPORT, LA

This hospital began scheduling veterans into the Clinic in September, 1970, and had completed calling them in for the year during April, 1971, except for two veterans who had to be rescheduled during May, 1971. There were 37 veterans seen in the clinic during this period. Each veteran is scheduled for review about the same time each year. Since this program started, we have gotten to know who are the veterans unable to travel to the clinic. These veterans are not scheduled into the Clinic but are visited at their homes by the Outpatient Social Worker for a comprehensive field visit. These veterans were visited prior to this reporting period; therefore, none is listed on this report. Since the report only covers a three-month period, it does not give a clear picture of the services by the Visual Impairment Team at this station.

VAH, ST. LOUIS, MO

One interesting by-product of the blind program at this station has been the introduction of limited (in-hospital) mobility and orientation training for all blind patients where indicated. This development came about as a result of the need for such service of one of our service-connected blind PM&R patients who was not ready for training at the VAH, Hines, Ill.. When Mr. Hyman Kinstler, corrective therapist, expressed interest in working with blind patients, arrangements were made for him to attend a two-week training program at the VAH, Hines, in April, 1968. On completion of training, Mr. Kinstler became quite active in seeking out suitable candidates from patients either in the hospital or being followed by Eye Service as outpatients.

Virtually all of these veterans, the majority of whom are non-service-connected on blindness with no service connection of any kind, were referred in turn to the Secretary-Coordinator of the blind program for help in such areas as (1) facilitating application for Aid and Attendance allowance when appropriate (2) referral of patients to private and state services for the blind for possible re-education, home training and/or vocational rehabilitation and (3) general help with individual and family problems. In this close working relationship between the blind program and corrective therapy (referrals were also made by the Secretary-Coordinator to corrective therapy) there have been at least three instances where non-service-connected blind patients have been found to have a service-connected disability and are therefore eligible for the blind program.

The whole effort here has been toward speeding up examinations by eliminating unnecessary waits and making the visit of the blind patient and his family pleasant and worthwhile. These goals are implemented, for example, by special parking service wherever desired, guide service within the hospital by blind escorts trained in the mobility program; training in food ordering and eating techniques, if an when the veteran uses the dining room; demonstration to relatives of simple techniques in assisting the medical findings and recommendations.

Other observations of possible interest are:

Increased tendency toward appointment cancellations with either new appointments requested or resisted now that veterans realize examinations are voluntary. Need for flexibility away from annual examination concept, e.g. some veterans should be seen more frequently than once a year while others could be seen with less frequency, possibly every two or three years. Need for some kind of broad informational guide as to whether a veteran is properly rated and compensated. This should give the Secretary-Coordinator and the Contact Officer enough indicators to warrant occasional requests to Adjudication for a re-evaluation of the veteran's rating. Need for presence of eye examiner on team with greater responsibility for monitoring and engineering progress of program. This is made necessary by the large number of medical-technical questions that require clarification and decision-making on a continuing basis.

VAH, SYRACUSE, NY

With increasing age, these patients are having increasing difficulty in coming into the clinic. Emphasis is placed upon scheduling for element weather travel. This also leads to comprehensive field visits being made to these patients by members of the team.

Over a period of one year, there has been an increase of at least 3 Vietnam Era veterans and with increasing numbers being discharged from service, it is anticipated this will increase.

VAC, TOGUS, ME

The majority of veterans seen in our clinic and in their homes has appreciated this service. A few prefer to remain detached but understand they can contact us if any need or situation arises.

VAH, WASHINGTON, DC

Initially there has been difficulty in persuading those blinded veterans eligible for service to come into the hospital. Those who do come in are satisfied with the program. We are trying to meet as a team on a regular basis which will provide the Social Worker with a wider scope of information in evaluating the veteran.

VAH, WILMINGTON, DE

Of the 16 veterans, in this Station's service area, who are eligible for VIS Team Services none were scheduled for complete clinic evaluation between February 22, 1971 and July 2, 1971 which includes the above reporting period. Therefore, under paragraph 3A, items (b) and (d) were not completed. During the report period several of these veterans visited the Clinic for Medical follow-up, interview with the Team social worker and/or prosthetic and sensory aid review or replacement.

In addition to Medical and other follow-up services listed above, all of these eligible veterans are given a complete annual evaluation which includes all of the services under 3A. During the current calendar year five of these veterans have had complete annual evaluations and the remaining eleven are scheduled within the next three months.

VAC, WOOD, WI

All non-reporting veterans reached by telephone. They are deeply appreciative of VA's interest. They prefer local ophthalmologists rather than travel 200-300 miles to VAC, Wood, in Milwaukee. Authorized travel pay is insufficient in view of lack of train and bus service, plus cost of taxi, hotel, food, etc.

PART FIVE

APPENDICES

CHAPTER 18. BLIND REHABILITATION**SECTION I. GENERAL****18.01 DEFINITION**

Blindness exists where there is a visual acuity of 20/200 or less in the better eye with ordinary corrective glasses, or better than 20/200 if there is a visual field defect in which the widest diameter of visual field subtends an angular distance of no more than 20 degrees in the better eye. Because this definition often is not fully understood, it is pointed out that it includes veterans who have severely impaired vision as well as those who retain no vision at all. Many included in the definition have sight that is useful to them in a number of ways. It is the definition generally accepted for blindness in the United States which is designed to include those for whom special problems may be anticipated because of the low vision levels which it covers.

18.02 PURPOSE OF PROGRAM

It is the policy of the Department of Medicine and Surgery to promote the co-ordination of its medical and health-related services to bring about reorganization to life under blindness, and to coordinate VA and other resources to assist blinded veterans in maintaining satisfactory adjustments through the changing circumstances of life and advancing years.

SECTION II. VISUAL IMPAIRMENT SERVICES TEAMS AT CLINICS**18.03 GENERAL**

a. Teams are needed to provide periodic reviews of the medical conditions and needs of blinded veterans. The veterans who are to be served by this program are those who live within the jurisdictional area of the clinic; who are blind according to the definition in paragraph 18.01; and who have a service-connected condition for which they are entitled to receive VA disability compensation. Veterans need not be service connected for blindness nor need they be drawing disability compensation to be eligible. They may have elected to receive VA disability pension because the rate of pension exceeds the rate of payment to which they would be entitled for their service-connected disabilities.

b. Each team will consist of selected personnel who will direct their coordinated attention and knowledge to helping blinded veterans keep their adjustments abreast of changing conditions and advancing years. These teams will bring together the services and resources which otherwise lose effectiveness through fragmentation.

18.04 APPOINTMENT OF TEAMS

a. A Visual Impairment Services Team will be established at each field station that has a regional responsibility for outpatient care including the fee-basis program.

b. The team will normally be composed of existing station personnel. The team will consist of a staff physician who will be chairman; a social worker who will be coordinator and secretary; and other staff members who, in the judgement of the chairman, should be regular or special-occasion members of the team. The chairman on special occasions may also secure the services of such specialists as mobility instructors, optical aids technicians, home teachers, and vocational rehabilitation counselors from agencies other than the VA.

18.05 CARD FILE OF BLINDED VETERANS

The Social Work Service will establish and maintain a card file of veterans who live within the jurisdictional area of the clinic who meet the definition of blindness and who have service-connected disabilities (not necessarily for blindness) for which they would be entitled to receive VA disability compensation. VA Form 10-2839a, Outpatient Social Service

Data, will be used for recording the information. Each card will contain brief notations of key disabilities, health and adjustment factors, actions taken by the team, and any other pertinent data. The blind rehabilitation staff, Central Office, will assist the station to keep the card file current by furnishing names of blinded veterans as they become known.

18.06 TEAM FUNCTIONS

Each veteran registered in the card file specified in paragraph 18.05 will be scheduled to visit the clinic at least once a year. Responsibilities of the various team members prior to, and during the visit, are as follows:

a. The chairman will:

- (1) Schedule a general physical examination and notify administrative personnel to issue a notice to report.
- (2) Arrange for any special examinations which are indicated (audiological examinations will routinely be ordered when locally available).
- (3) Assure that the ophthalmic examination includes visual measurements when sight is present. Careful attention will be given to appearance of eyes and/or sockets. Any deformities or cosmetic manifestations will be carefully examined in order that corrective measures may be considered. Ocular prostheses, spectacles, and low vision aids will be considered, and when new procedures with respect to these are indicated they will be discussed with the veteran. Hygiene of sockets and prostheses will also be reviewed with him.
- (4) Arrange for appropriate personnel to interview the patient to determine any prosthetic and sensory aids which are being used by him and to make a professional evaluation of those which might need repair, replacement, or new aids which would be helpful.
- (5) Arrange for issue of such items as Braille watches and alarm clocks and signature writing guides from stock if veteran does not already have them, and the ordering of any additional equipment the veteran needs to stimulate motivation and improve adjustments.
- (6) Arrange for a representative of the Department of Veterans Benefits to interview the patient to evaluate the status of his VA benefits, take any action indicated, inform the veteran in areas in which he is not knowledgeable concerning services, benefits and extra VA resources, and furnish any necessary advice and/or assistance.

b. The Social Work Service member will:

- (1) Review available records to determine whether the veteran has any special problems; if he does, bring them to the attention of appropriate personnel prior to the reporting date.
- (2) Interview the patient upon his arrival to evaluate his circumstances and adjustment patterns.
- (3) Provide appropriate social work services in the clinic, and followup in the field, as indicated.

18.07 FOLLOWUP ACTION

a. Following the veteran's visit to the clinic, the chairman will review all medical reports and recommend and/or approve any further care indicated, either by the VA or other sources. He will also supervise a review of all findings by the full team.

b. The Social Work Service member will prepare a report for the veteran's outpatient treatment folder, and post VA Form 10-2839a as a basis for continuing services.

c. Usually advice and services can be rendered without recalling the veteran to the clinic for other than his annually scheduled appointment. When a followup consultation with veteran and assembled team is considered necessary, another appointment will be made at the earliest possible date.

APPENDIX A



VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20420

July 7, 1970

IL 11-70-54

YOUR FILE REFERENCE:

IN REPLY REFER TO: 126A

PROFESSIONAL SERVICES LETTER

TO: Directors, All VA Hospitals and Outpatient Clinics

SUBJ: Responsibility for Visual Impairment Services Teams

1. Blindness is one of the most severely disabling conditions, and by its very nature can permeate nearly every aspect of the involved person's life. One of the most basic factors involved in blindness services, which must be understood by personnel of agencies serving blind people, is that the blind constitute a relatively small and widely scattered group. This factor creates difficulty in bringing together the blind person in need of services with the personnel who administer the required services.

2. In February 1967, the VA established Visual Impairment Services Teams (M-2, Part I, Chapter 18, Section II) at outpatient clinics with the express objective in mind of overcoming the problems of providing services to blinded veterans.

3. These VIS Teams were established to act as the vehicle by which blinded veterans would be invited into selected outpatient clinics on a periodically scheduled basis. There they would be interviewed and examined by personnel who have a deep and broad understanding of the consequences which blindness often brings. Acting together the VIS Team members could ensure that the pervasive effects of blindness are taken into account in all examinations, interviews, and services. Because the VIS Team jurisdictions and responsibilities appear to have been misunderstood in some quarters, some serious inconsistencies and shortcomings have developed. In order that these inconsistencies and shortcomings be reduced, the policy on VIS Team operations is herein clarified.

4. The VA stations accountable for insuring that VIS Team responsibilities are carried out are listed in the attachment to this letter. Restricting the responsibility to the listed stations insures that information regarding the deeper consequences of blindness caused disabilities will be more thoroughly understood, due to the larger numbers

Include Zip Code in your return address and give veteran's social security number.

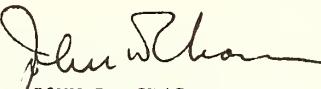
Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

APPENDIX B

seen, than if they were scattered to all VA stations. The added knowledge gained by the responsible Teams will in turn be positively reflected in the quality of the services which they provide for each veteran. Because of the hardship to veterans which is sometimes caused by their residence at long distances from the responsible clinic, or because of the health or available time of the veterans, this program envisions that the responsible stations may sometimes require the assistance of other stations in carrying out their work.

5. The responsible station may request that hospitals or clinics near the veterans' homes conduct the interviews and examinations and provide services according to guidelines which the Team will furnish. The results of the interviews, examinations and the services required should be provided to the responsible VIS Team for its further recommendations and for the value they will be in the Teams' pool of knowledge.

6. If a VA station not listed in the attachment for VIS Team responsibility feels that it may have the capability for establishing and maintaining such a Team, then it would be appreciated if they would forward such information through the appropriate Regional Medical Director # (126A).



JOHN D. CHASE, M. D.
ACMD for Professional Services

Attachment

Distribution: COB: (10) only
SS (10E6A) FSB: HA, OC

2.

APPENDIX B

STATIONS HAVING VIS TEAM RESPONSIBILITIES

VAH, Albany, N. Y.
VAH, Albuquerque, N. M.
VAH, Allen Park, Mich.
VAH, Atlanta, Ga.
VAH, Baltimore, Md.
VAH, Bay Pines, Fla.
VAC, Boise, Idaho
VAOPC, Boston, Mass.
VAOPC, Brooklyn, N. Y.
VAH, Buffalo, N. Y.
VAC, Cheyenne, Wyo.
VAH, Chicago, Ill. (W.S.)
VAH, Cincinnati, Ohio
VAH, Cleveland, Ohio
VAH, Columbia, S. C.
VAH, Dallas, Texas
VAH, Denver, Colo.
VAC, Des Moines, Iowa
VAH, East Orange, N. J.
VAC, Fargo, N. Dak.
VAC, Ft. Harrison, Mont.
VARO, Honolulu, Hawaii
VAH, Houston, Texas
VAH, Huntington, W. Va.

VAH, Indianapolis, Ind.
VAC, Jackson, Miss.
VAH, Kansas City, Mo.
VAH, Lincoln, Nebr.
VAH, Little Rock, Ark.
VAH, Long Beach, Calif.
VAOPC, Los Angeles, Calif.
VAH, Louisville, Ky.
VAOPC, Lubbock, Texas
VAH, Manchester, N. H.
VARO, Manila, P. I.
VAH, Miami, Fla.
VAH, Minneapolis, Minn.
VAH, Montgomery, Ala.
VAH, Muskogee, Okla.
VAH, Nashville, Tenn.
VAH, Newington, Conn.
VAH, New Orleans, La.
VAH, New York, N. Y.
VAH, Oklahoma City, Okla.
VAH, Omaha, Nebr.
VAOPC, Philadelphia, Pa.
VAH, Phoenix, Ariz.
VAH, Pittsburgh, Pa. (GM&S)

VAH, Providence, R. I.
VAC, Reno, Nev.
VAH, Salem, Va.
VAH, Salisbury, N. C.
VAH, Salt Lake City, Utah
VAOPC, San Antonio, Texas
VAH, San Francisco, Calif.
VAC, San Juan, P. R.
VAH, Seattle, Wash.
VAH, Shreveport, La.
VAC, Sioux Falls, S. Dak.
VAH, St. Louis, Mo.
VAH, Syracuse, N. Y.
VAC, Togus, Maine
VAH, Tucson, Ariz.
VAH, Waco, Texas
VAH, Washington, D. C.
VAH, White River Junction, Vt.
VAC, Wichita, Kans.
VAH, Wilkes-Barre, Pa.
VAH, Wilmington, Del.
VAC, Wood, Wisc.

Attachment

Veterans Administration
Department of Medicine and Surgery
Washington, D. C. 20420

CIRCULAR 10-71-79

April 20, 1971

SUBJ: NONRECURRING REPORT ON VISUAL IMPAIRMENT SERVICE TEAMS, RCS 10-62-S

TO : Directors of Selected VA Hospitals and VA Outpatient Clinics

1. The Chief, Blind Rehabilitation Program has urgent need for statistical data concerning the workload responsibilities of each Visual Impairment Service Team. This information is necessary to support future budget estimates and any planned expansion of the VIS Team program. To obtain these data we ask your cooperation in the completion of VA Form 10-20539 (NR), Visual Impairment Service Team Report which is being forwarded under separate cover.
2. This report was designed for completion by VIS Teams at those stations designated as having Visual Impairment Service Team responsibilities in Professional Services Letter IL 11-70-54, dated July 7, 1970.
3. Completion of the report is the responsibility of the Chairman of the VIS Team.
4. The information requested is an activity summary and basic profile of health, living circumstances and adjustment of those veterans eligible for VIS Team services in accordance with M-2, Part I, Chapter 18, Section II. The period, April 1, 1971-June 30, 1971, inclusive, should be covered in the report. Responses of the seventy-one VIS Teams will be summarized and a copy sent to each VIS Team. Each Team will thus become aware of the total scope of this VA program.
5. VA Form 10-1371 issued through Circular 10-70-262, dated December 4, 1970, should be the prime source for the information requested. Other sources may also be used to complete the report. VA Form 10-1371, originally designed as a mechanism for standardizing the recording of VIS Team activities, is now taking on new importance. That form may also be used to establish a centralized VIS Team registry and it may provide the basis for a future reporting system that will deal with the individual veteran's profile of health, living circumstances and adjustment.
6. The report should be completed in duplicate and a copy retained by the Secretary-Coordinator of the VIS Team. The original, identified by the RCS in the subject, should be forwarded to reach the appropriate Regional Medical Director (042A2) no later than COB July 19, 1971.
7. Inquiries concerning the report should be directed to Office of the Controller, attention Mr. Robert W. Schultz (042A2), FTS extension 3000.

Distribution: COB: (10) only plus (042B14) 5 and (042A2) 100
SS (10C5A) FLD: Selected stations - 5 ea.

Benjamin B. Wells
BENJAMIN B. WELLS, M. D.
Deputy Chief Medical Director

CIRCULAR EXPIRES AUGUST 31, 1971

APPENDIX C

REPORT ON VISUAL
IMPAIRMENT SERVICE TEAMS

Reports Control
Symbol 10-62-S

TO:		Regional Medical Director Region No. <u>(042A2)</u> Veterans Administration Central Office Washington, D. C. 20420	Name & Location of Preparing Station
Signature of Director		VIS Team Chairman	Date Prepared

1. Number of known different eligible veterans within the VIS Team's jurisdiction on the last day of the reporting period
 (This number shall include all veterans known to the Team, either through Central Office listings or any other source, who meet the eligibility requirements outlined in M-2, Part I, Chapter 18, Section II, Para. 18.03).

2. Number of different eligible veterans scheduled to receive VIS Team Services during the reporting period April 1 - June 30, 1971, inclusive.....

Note: The number of different eligible veterans reported in Item 2 must equal the sum of the numbers reported in 3A, 4A and 5A.

3A. Number of different eligible veterans given VIS Team Service at the clinic this reporting period.....
 (This number shall include only those different veterans who meet the eligibility requirements set forth for Item No. 1 and who have received, at a minimum, all of the following:

- (a) An interview with a Social Worker.
- (b) A physical examination which includes an eye and a hearing examination and an exploration of any other disabilities or ongoing health problems as indicated.
- (c) A prosthetic and sensory aids review.
- (d) A veteran's benefits review conducted by a DVB representative.
 (In lieu of a DVB representative, a benefits review by the Chairman of the Team or a Social Worker should be provided).

3B. Number of different eligible veterans given VIS Team Service at the clinic this reporting period in each of the following age categories:
 (The age will be that age attained as of the last day of the reporting period).

- (a) Under 25 years
- (b) 25 - 34 years

VA Form
April 1971 10-20539(NR)

- (c) 35 - 44 years
- (d) 45 - 54 years
- (e) 55 - 64 years
- (f) 65 - 74 years
- (g) 75 - 84 years
- (h) 85 and over
- (i) Not Known

3C. Number of different eligible veterans given VIS Team Service at the clinic this reporting period in each of the following visual acuity categories:

- (a) No Sight
- (b) Light perception up to 5/200 in the better eye with best possible correction
- (c) 6/200 - 20/200 in the better eye with best possible correction
- (d) Better than 20/200 in the better eye with best possible correction but with a field restriction
- (e) Not Known

3D. Number of different eligible veterans given VIS Team Service at the clinic this reporting period who are known:

(For the purposes of this report productively active will include any salaried, avocational or volunteer-type activity undertaken for a minimum of 25 hours per week. Half-time student activity of 9 hours per week should also be included as should vocational training of at least 12 hours per week.)

- (a) To be productively active
- (b) NOT to be productively active
- (c) NOT Known

3E. Number of different eligible veterans given VIS Team Service at the clinic this reporting period who live:

- (a) Alone
- (b) With family or relatives
- (c) With other than family or relatives
- (d) NOT Known

3F. Total number of field visits to different eligible veterans given VIS Team Service at the clinic this reporting period:

(A comprehensive field visit will be a field visit by a VIS Team member or designee in which the veteran's profile of health, living circumstances and personal adjustment has been updated and for whom as many clinic services as possible have been planned or provided. Field visits for all other reasons should be counted under other field visits to eligible veterans.)

- (a) Comprehensive field visits
- (b) Other field visits

4A. Number of different eligible veterans scheduled to receive VIS Team Service this reporting period who were too ill or disabled to come to the clinic this reporting period.....
 (The best estimate of the VIS Team is sufficient for reporting purposes).

4B. Number of different eligible veterans too ill or disabled to come to the clinic for VIS Team Service this reporting period in each of the following age categories: (The age will be that attained as of the last day of the reporting period).

(a)	Under 25 years	_____
(b)	25-34 years	_____
(c)	35-44 years	_____
(d)	45-54 years	_____
(e)	55-64 years	_____
(f)	65-74 years	_____
(g)	75-84 years	_____
(h)	85 and over	_____
(i)	NOT Known	_____

4C. Number of different eligible veterans too ill or disabled to come to the clinic this reporting period in each of the following visual acuity categories:

(a)	NO Sight	_____
(b)	Light perception up to 5/200 in the better eye with best possible correction.....	_____
(c)	6/200 - 20/200 in the better eye with best possible correction.....	_____
(d)	Better than 20/200 in the better eye with best possible correction but with a field restriction.....	_____
(e)	NOT Known	_____

4D. Number of different eligible veterans too ill or disabled to come to the clinic for VIS Team Service this reporting period who are known:
 (For the purposes of this report, productively active will include any salaried, avocational or volunteer-type activity undertaken for a minimum of 25 hours per week. Half-time student activity of 9 hours per week should also be included as should vocational training of at least 12 hours per week).

(a)	To be productively active	_____
(b)	NOT to be productively active	_____
(c)	NOT Known	_____

4E. Number of eligible veterans too ill or disabled to come to the clinic for VIS Team Service this reporting period who live:

(a)	Alone	_____
(b)	With family or relatives	_____
(c)	With other than family or relatives	_____
(d)	NOT Known	_____

4F. Total number of field visits to different eligible veterans too ill or disabled to come to the clinic for VIS Team Service this reporting period: (A comprehensive field visit will be a field visit by a VIS Team member or designee in which the veteran's profile of health, living circumstances, and personal adjustment has been updated and for whom as many clinic services as possible have been planned or provided. Field visits for all other reasons should be counted as other field visits to eligible veterans).

(a) Comprehensive field visits _____
(b) Other field visits _____

5A. Number of different eligible veterans scheduled to receive VIS Team Service this reporting period who were not seen at the clinic during this reporting period due to:

(Veterans regarded as too ill or disabled in Item No. 4A are not to be included here).

(a) Lack of interest in the program _____
(b) Lack of time caused by employment _____
(c) Lack of family support _____
(d) Transportation difficulties _____
(e) Having moved away _____
(f) Other reasons _____
(g) No response _____

5B. Number of different eligible veterans not seen at the clinic this reporting period in each of the following age categories:

(The age will be that age attained as of the last day of the reporting period).

(a) Under 25 years _____
(b) 25 - 34 years _____
(c) 35 - 44 years _____
(d) 45 - 54 years _____
(e) 55 - 64 years _____
(f) 65 - 74 years _____
(g) 75 - 84 years _____
(h) 85 and over _____
(i) NOT Known _____

5C. Number of different eligible veterans not seen at the clinic this reporting period in each of the following visual acuity categories:

(a) No Sight _____
(b) Light perception up to 5/200 in the better eye with best possible correction _____
(c) 6/200 - 20/200 in the better eye with best possible correction _____
(d) Better than 20/200 in the better eye with best possible correction, but with a field restriction _____
(e) NOT Known _____

5D. Number of eligible veterans not seen at the clinic this reporting period who are known:

(For purposes of this report, productively active will include any salaried, avocational, or volunteer-type activity undertaken for a minimum of 25 hours per week. Half-time student activity of 9 hours per week should also be included as should vocational training of at least 12 hours per week.)

(a) To be productively active
(b) NOT to be productively active
(c) NOT Known

5E. Number of eligible veterans not seen at the clinic this reporting period who live:

(a) Alone
(b) With family or relatives
(c) With other than family or relatives
(d) NOT known

5F. Total number of field visits to different eligible veterans not seen at the clinic this reporting period:

(A comprehensive field visit will be a field visit by a Team member or designee in which the veteran's profile of health, living circumstances, and personal adjustment has been updated and for whom as many clinic services as possible have been planned or provided. Field visits for all other reasons should be counted under other field visits to eligible veterans.)

(a) Comprehensive field visits
(b) Other field visits

6. It would be most helpful to Central Office to be apprised of any significant relationships or trends which the Team feels exist with relation to those veterans eligible for VIS Team Service.

(If additional space is required, attach separate sheets.)

Veterans Administration
Department of Medicine and Surgery
Washington, D. C. 20420

'CIRCULAR 10-70-262
December 4, 1970

SUBJECT: VISUAL IMPAIRMENT SERVICES TEAM RECORD, VA FORM 10-1371

TO : Directors of Selected VA Hospitals and VA Outpatient Clinics

1. The subject form has been developed for use by the Visual Impairment Services Teams at those stations designated as having Visual Impairment Services Team responsibilities as stated in Professional Services Letter IL 11-70-54, dated July 7, 1970.

2. This form will be completed for each blinded veteran who is eligible for services of the VIS Team, in accordance with the provisions of M-2, Part I, Chapter 18, Section II. It will be used as the VIS Team Card in lieu of VA Form 10-2839a, Outpatient Social Service Data. The form is a summary profile of the health, living circumstances, and adjustment under blindness of each eligible veteran. Completion of the forms is the responsibility of the Chairman of the Visual Impairment Service Team and the forms will be maintained by the Secretary-Coordinator of the Team. The profile portrays a synthesis of the information obtained in the review which is periodically scheduled for eligible blinded veterans. It should be a word-picture of how the veteran appears to the Team at the time of the review and what services the Team plans for him.

3. A form should be completed on each veteran as the Team review is made. A new form will be completed as each subsequent Team review is made. The form is not designed to include all information about the veteran which may be useful to the Team or to those giving him service. Individual stations will exercise their own discretion as to what other information they will collect and retain for the Team's use.

4. In order to strive for consistency in the use of the form, the following interpretation is intended for the content of its specific areas and the rationale for its use:

a. Identifying information called for on the upper front of the form is self-explanatory. However, answers to these items can have subtle, but important, meanings when taken together with other data. The address may suggest isolation from activities and associations or probable availability of them. On age alone, one cannot predict abilities, problems under blindness or services needed. Blindness is distressing at any age, but the age factor may help to anticipate the general type of services needed. The dates of military service can be a guide as to various services for which he may be eligible.

CIRCULAR EXPIRES DECEMBER 3, 1971

APPENDIX E

b. Different visual measurements have a variety of implications. For a veteran who sees nothing at all, the matter of discomfort and appearance can differ significantly depending on whether he retains his own eyes or has artificial ones. For those who can see some, it can matter a great deal whether it is light perception only or whether it is good enough to have numerical equivalents describe it. It could be very significant that it is a field loss rather than an acuity reduction.

c. Recording of other major disabilities and ongoing health problems is necessary because they are so often present among blinded veterans and have so much influence on their adjustment that they must be included in any profile. Ongoing/recurring health problems are for recording troubling conditions which might or might not be the same as those recorded under eye and other major disabilities. These can have significant implications for the veteran's overall adjustment. Thus, it is important to know the date he was last seen by a physician for these problems and, under the column "Medical Care", to enter the name and location of the physician. This might be an important resource to the Team.

d. Under the VIS Team Review Plan for Services, it is not suggested that the areas of services listed are the only, or even the major, aspects of the Team plan. The specific service areas listed need no description except, perhaps, Specialized Blind Services. Under this term, one would consider Blind Rehabilitation Center referrals, talking books, Braille materials, recording services, sighted reader services, home rehabilitation teaching services, special devices, etc.

e. By including space for summary comments of the Team on areas of adjustment and activity, it is suggested that therein may very well lie less obvious, but very hurtful, consequences of blindness to veterans and those with whom they are closely associated. On the form itself, there is room only for short guidelines to observations. They are there to stimulate observation and comment and to narrow or restrict them.

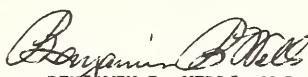
f. Social Adjustment - Note any evidence that the veteran associates socially, extent of such associations, the skill and confidence he seems to have in doing so, and evidence of continuing interest in doing so. How do his skills in managing under blindness seem to equip him for a range of social associations? Do the means, i.e., transportation, surroundings, etc., allow for social associations?

g. Activity - Are his days regularly full enough of meaningful activity? What evidence is there of responsibility and independence in activity, and his satisfaction with the balance between activity done alone and with others? What are his means for going from and to home alone, i.e., public transportation or on foot?

h. Domestic Adjustment - It is recognized that blindness will cause some changes in domestic relationships, but it is nevertheless appropriate that measures of interdependence and independence not be too far out of line if they are to be mutually satisfying and lasting qualities. The veteran's personal management skills and his attitude regarding responsibilities under blindness can have much bearing on this point, as will the expectancy levels of others around him.

i. Personal Adjustment - This could reflect the special skills he has acquired and uses to carry out life under blindness. Also note evidence of attitudes with which he meets this life. Note his understanding of status of blindness, i.e., its permanence, possible improvements or worsening. Note feelings toward self-dependence and dependence while living under blindness. Are his achievements consistent with the Team's view of his potentials?

5. An initial distribution of the form is being made.



BENJAMIN B. WELLS, M.D.
Deputy Chief Medical Director

Distribution: COB: (10) only plus (122) and (126) 25 ea.
SS (10C5A) FLD: Selected Stations - 10 ea.

-3-

APPENDIX E

MR. MRS. MISS			ADDRESS			TELEPHONE NO.	
MARITAL STATUS	BIRTH DATE	SERVICE DATE(S)	SOCIAL SECURITY NO.		CLAIM NO.	LOCATION OF C-FILE	
SIGNIFICANT HOUSEHOLD OCCUPANTS AND/OR NEAREST RELATIVE OR FRIEND						RELATIONSHIP	
						RELATIONSHIP	
VISUAL ACUITY	VISUAL FIELDS (If impaired)	EYE DIAGNOSIS		SC - %	NSC - %	DATE OF RATING	MEDICAL CARE
	LEFT - RIGHT -	LEFT - RIGHT -					
OTHER MAJOR DISABILITIES							
CURRENT HEALTH SITUATION	ONGOING/RECURRING HEALTH PROBLEMS					DATE SEEN BY M.D.	
						DATE SEEN BY M.D.	
VIS TEAM REVIEW	DATE REVIEWED	IF NOT REVIEWED, CHECK AND GIVE REASON				PRIOR REVIEW	NEXT REVIEW
VIS TEAM REVIEW PLAN FOR SERVICES	<input type="checkbox"/> MEDICAL FOLLOW-UP	<input type="checkbox"/> DIETICIAN	COMMENTS				
	<input type="checkbox"/> S.W.S. <input type="checkbox"/> TREATMENT	<input type="checkbox"/> PHARMACY					
	<input type="checkbox"/> PROSTHETICS	<input type="checkbox"/> VCTA					
	<input type="checkbox"/> PUB. HEALTH <input type="checkbox"/> NURSE	<input type="checkbox"/> SPECIALIZED BLIND. SVCS.					

VA FORM 10-1371
NOV 1970

VISUAL IMPAIRMENT SERVICES TEAM RECORD

SOCIAL ADJUSTMENT (How socially active, interested, responsible and outreaching is he? What is his self-image in this context?)

ACTIVITY (How full and satisfying are daily routines, including paid employment, if any?)

DOMESTIC ADJUSTMENT (How appropriately independent and dependent is he in domestic role?)

PERSONAL ADJUSTMENT (How does his performance measure up to his potentialities as the Team sees them?)

APPENDIX F

HV1794 Report on visual impairment services teams, April 1, 1971 - June 30, 1971; an analysis of . . . (1971)

R299

Date Due			

HV1794

R299

c.1

Report on visual impairment services teams, April 1, 1971 - June 30, 1971; an analysis of VA outpatient services . . . (1971)

DATE DUE	BORROWER'S NAME

Reference Copy

